

2021 Town of St. Joseph Dog License Application

Owner's Name _____

Home Address _____

Phone _____ Email _____

Are there any dog(s) you have licensed within the last year that are no longer in the household? Yes or No
 If yes, please provide the dog(s) name(s) _____

	DOG 1	DOG 2	DOG 3
Dog's Name			
Color			
Breed			
Sex (select one)			
Male \$20.00			
Neutered Male \$10.00			
Female \$20.00			
Spayed Female \$10.00			
PROOF OF RABIES VACCINATION WITH PAYMENT THIS IS REQUIRED BEFORE LICENSE IS ISSUED			
FOR OFFICE USE ONLY			
Rabies Serial Number			
Rabies Mfg Name			
Rabies Date Given			
Rabies Date Expires			
Veterinary Clinic			
Dog Tag Number			

Owner's Signature _____ Date _____

Total Paid (Cash/Check): \$ _____

The license year is January 1 through December 31. Payment Due by March 31st, 2021. Penalty will apply if payment is late. Make check payable to: Town of St. Joseph

Please complete form, sign, and mail along with the appropriate fees and proof of rabies to:
 Town of St. Joseph
 1337 County Road V
 Hudson, WI 54016-6712

Chapter 174 of Wisconsin Statutes requires all dogs five months or older be licensed.

For questions please contact Ann Coyle at: clerk@townofstjoseph.com or 715-549-6235