

# Dog License Application



Owner's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

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			
<b>PROOF OF RABIES VACCINATION WITH PAYMENT THIS IS REQUIRED BEFORE LICENSE IS ISSUED</b>			
<b>FOR OFFICE USE ONLY</b>			
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.**

Please complete form, sign, and mail  
this form along with the appropriate fees and proof of rabies to:

Town of Somerset  
P.O. Box 248  
Somerset, WI 54028

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

Town of Somerset's Code of Ordinances on Animal Control, Chapter 8, are posted on the Town's website at:  
[www.townofsomersetwi.com](http://www.townofsomersetwi.com)