

# ST. CROIX COUNTY DOG LICENSE APPLICATION

**License year is January 1 through December 31**

The owner of a dog more than 5 months of age on January 1 of any year, or 5 months of age within the license year, shall annually, or on or before the date other dog becomes 5 months of age, pay the dog license tax and obtain a license.

**Make check payable to:**

Town of Cady  
2879 10th Ave  
Spring Valley, WI 54767

**Owner's Name:**

**Address:**

**Email:**

**Phone #:**

**Are there any dog(s) you have licensed within the last year that are no longer in the household? If so, please provide dog(s) name(s):**

**The collecting official may assess and collect a late fee if the owner fails to obtain a license prior to April 1<sup>st</sup>. [Wis. § 174.05]**

**If you own more than one dog, you may apply for a "Multiple Dog License". A separate application is required for this license.**

	Dog #1	Dog #2	Dog #3
<b>DOG NAME</b>			
<b>COLOR</b>			
<b>BREED</b>			
<b>MALE \$15.00</b>			
<b>NEUTERED MALE \$7.50</b>			
<b>FEMALE \$15.00</b>			
<b>SPAYED FEMALE \$7.50</b>			

**Rabies Certificate—Submit a copy of the certificate(s) with this application**

Before a dog license may be issued, evidence that each dog is currently immunized against rabies is required. [Wis. § 174.07]  
Vaccination certificates may be obtained from your veterinarian.

	Dog #1	Dog #2	Dog #3
<b>RABIES SERIAL NUMBER</b>			
<b>RABIES MFG # NAME</b>			
<b>RABIES DATE GIVEN</b>			
<b>RABIES DATE EXPIRES</b>			
<b>VETERINARY CLINIC</b>			
<b>DOG TAG NUMBER ISSUED</b>			

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETE, PRINT AND SUBMIT WITH RABIES CERTIFICATE TO YOUR MUNICIPAL TREASURER**

**Tag(s) to be mailed? Please enclose a self addressed stamped envelope**

Office Use
Date:
Total Paid: \$