

DOG LICENSE INFORMATION

Dear Polk County Resident,

RABIES VACCINATIONS AND DOG LICENSES ARE REQUIRED UNDER THE STATUTES

Wis. Stats. 174.042 (4): If the owner of a dog negligently or otherwise permits the dog to run at large off premises or be untagged, the owner shall forfeit no less than \$25.00 nor more than \$100.00 for the first offense and not less than \$50.00 nor more than \$200.00 for subsequent offenses. **Wis. Stats. 95.21(2)** requires that dogs be vaccinated for rabies by a veterinarian at no later than 5 months of age and revaccinated within one year after the initial vaccination and every 3 years thereafter.

It is now time to license your dog/s. This needs to be done every year. The dog tag application form needs to be returned on or before January 31st.

FEES:

Un-Neutered Male or Un-Spayed Female: \$8.00
 Neutered Male or Spayed Female: \$3.00
 Multiple License: \$35.00

The Multiple License tag is \$35.00 per kennel of 12 or fewer dogs, and an additional \$3.00 for each dog in excess of 12.

Please fill out the following information so the proper dog tags can be issued. **Please make one check for all the dogs.** I will mail the dog tags to you directly or they can be issued to you when you make your property tax payment in January. If you are paying for your property taxes and dog license at the same time, please issue 1 check for the grand total of the dogs and 1 check for the grand total of your property taxes. I will need two separate checks if you're paying for dog license and property taxes at the same time.

****REMINDER:** That a \$5.00 penalty will be assessed after April 1st for each unlicensed dog. The delinquent dog owners list will be turned over to the District Attorney for collection.

Please make checks payable to: **Town of Johnstown** & send to: **Susan Rouzer (715-822-3288)**

Town of Johnstown Treasurer

32-235th Ave

Cumberland, WI 54829

Thank you for your cooperation.

(Please cut on dotted line and mail or hand deliver to the treasurer)

 (Owners Name) Please Print Street Address City Zip Code

I HEREBY CERTIFY THAT I HAVE READ & UNDERSTAND THE INFORMATION ON THIS SHEET AND THE STATEMENTS ARE CORRECT. I ACKNOWLEDGE THAT MY DOG HAS BEEN VACCINATED FOR RABIES.

 (Signature)

	Dog 1	Dog 2	Dog 3
Name of Dog			
Sex Spay Neuter			
Color			
Breed			
Rabies Vaccinated Date			
Expiration Date			
Vaccine Mfg. Ser.#			
Fee	\$	\$	\$
Check here for Multiple License _____ (Fee \$35.00)	How many dogs? _____ (\$3.00 for each dog after 12)		
	Total Enclosed: _____		