VILLAGE OF STETSONVILLE/ATTENTION DOG OWNERS

All dogs five (5) months or older are required to be licensed as directed in Chapter 174 of the Wisconsin Statute.

LICENSING FEES				
NEUTERED OR SPAYED\$10.00 MULTIPLE DOG (1ST 12 DOGS)				PLE DOG (1ST 12 DOGS)\$40.00
MALE OR FEMALE DOG\$15.00 EACH ADD'L MULTI DOG TAG (OVER 12)\$3.00				
All owners who fail to obtain a license prior to April 1 of each year will be subject to an additional <u>late fee as determined by the municipality</u> .				
FAILURE TO LICENSE				
Due to the increased cost of animal impoundment, more attention will be focused on unlicensed dogs in Taylor County. In accordance with Wisconsin State Statute 174.12 (4), the Taylor County District Attorney's office will be notified of owners who fail to license their dogs. Those individuals will be responsible to pay fees of \$169.00 per dog not licensed if they fail to comply within 30 days of notice from the District Attorney's office.				
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APPLICATION FOR DOG LICENSE				
Payment AND a certificate of rabies vaccination must accompany a COMPLETED and SIGNED application for each dog listed on the form below before a license can be issued. Contact your town treasurer about multiple/kennel dog licensing.				
OWNER'S NAME (Please print)				PHONE#
OWNER'S ADDRESS (Please print)				
				COLOR:
DOO#1 NAME.			\LLD	RABIES VACCINATION:
□ Neutered Male	\$10.00	Unneutered Male	\$15.00	
□ Spayed Female	\$10.00	Unspayed Female	\$15.00	Date of ShotTag# Expiration DateVet Clinic
				Amount for DOG #1: \$
DOG #2 NAME:		BR	REED:	COLOR:
□ Neutered Male	\$10.00 - 1	Unnoutered Male	¢15.00	RABIES VACCINATION:
□ Spayed Female		Unneutered Male Unspayed Female		Date of ShotTag#
□ opayed r emale	ψ10.00 🗆 (onspayed Female	φ15.00	Date of ShotTag# Expiration DateVet Clinic
				Amount for DOG #2: \$
DOG #3 NAME:		BR	REED: _	COLOR:
- Noutored Male	\$10.00 - 1		\$1F.00	RABIES VACCINATION:
□ Neutered Male□ Spayed Female		Unneutered Male Unspayed Female		Date of ShotTag#
□ opayed i emale	φ10.00 Δ (onspayed Female	φ15.00	Date of ShotTag# Expiration DateVet Clinic
				Amount for DOG #3: \$
				TOTAL AMOUNT ENCLOSED: \$
I hereby certify that the foregoing is true and correct statement of all dogs owned or harbored by me subject to Chapter 174 of the Wisconsin Statutes, and all information given within this statement is true and correct.				
Owner's Signature: Date:				
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RETURN TO YOUR MUNICIPAL TREASURER: JAN TISCHENDORE				

STETSONVILLE, WI 54480

PO BOX 219