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
MALE OR FEMALE DOG.....$15.00
MULTIPLE DOG (1ST 12 DOGS) $40.00
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 *late fee as determined by the municipality*.

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) _____

DOG #1 **NAME:** _____ **BREED:** _____ **COLOR:** _____

□ Neutered Male $10.00 □ Unneutered Male $15.00
□ Spayed Female $10.00 □ Unspayed Female $15.00

RABIES VACCINATION:
Date of Shot _____ Tag#_____
Expiration Date _____ Vet Clinic_____

Amount for DOG #1: $_____

DOG #2 **NAME:** _____ **BREED:** _____ **COLOR:** _____

□ Neutered Male $10.00 □ Unneutered Male $15.00
□ Spayed Female $10.00 □ Unspayed Female $15.00

RABIES VACCINATION:
Date of Shot _____ Tag#_____
Expiration Date _____ Vet Clinic_____

Amount for DOG #2: $_____

DOG #3 **NAME:** _____ **BREED:** _____ **COLOR:** _____

□ Neutered Male $10.00 □ Unneutered Male $15.00
□ Spayed Female $10.00 □ Unspayed Female $15.00

RABIES VACCINATION:
Date of Shot _____ Tag#_____
Expiration Date _____ Vet 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: _____

RETURN TO YOUR MUNICIPAL TREASURER: TIA KANCILIA
PO BOX 219
STETSONVILLE, WI 54480

Rev. 11/22