

**DOG LICENSE APPLICATION**

Name of dog: \_\_\_\_\_

Sex: Female \_\_\_\_\_ (\$10.00)  
Female Spayed \_\_\_\_\_ (\$5.00)  
Male \_\_\_\_\_ (\$10.00)  
Male Neutered \_\_\_\_\_ (\$5.00)  
Late Fee (Aft. Apr. 1) \_\_\_\_\_ (\$5.00)

Color: \_\_\_\_\_

Breed: \_\_\_\_\_

Rabies Vaccination Date: \_\_\_\_\_

Expires: \_\_\_\_\_

Vaccine Mfg: \_\_\_\_\_

Serial #: \_\_\_\_\_

I certify, that the above information is correct, and my dog has been vaccinated for rabies.

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_

**Reminder:** A 5.00 penalty fee will be assessed after April 1<sup>st</sup>, for each unlicensed dog.

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**To Be Filled Out By Town Treasurer**

State of Wisconsin

Polk County

Township of Eureka

Dog License Number \_\_\_\_\_

The required license fee of \$\_\_\_\_\_ has been paid to the undersigned Treasurer. License is hereby granted for one year, from the first day of January 2017, to the thirty-first day of December, 2017, to keep the above described dog with in the limits of the above Municipality.

Given under my hand, this \_\_\_\_\_ day, of \_\_\_\_\_, 2017.

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Shaila Johnson, Eureka Township Treasurer  
2395 210<sup>th</sup> Avenue  
St. Croix Falls, WI 54024  
715-483-9899