Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOG LICENSE APPLICATION – TOWN OF UNION**  Dog License No \_\_\_\_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING INFORMATION (One (1) Dog per application):

Owner’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vet or Animal Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Rabies Vaccine Given \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**License Fees: Neutered male or spayed female - $20.00 per dog**

**Un-neutered male or un-spayed female - $30.00 per dog**

**Multiple dog License (up to 12 dogs) - $288.00 additional dogs $24 per dog**

**Rabies certification must be attached to this application otherwise application will be returned to owner.**

*Late fee: Doubles amount of license after February 1.*

Check One: Neutered Male \_\_\_\_\_

Spayed Female \_\_\_\_\_

Un-neutered Male \_\_\_\_\_

Un-spayed Female \_\_\_\_\_

Name of Dog \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_

Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Markings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATION**

*I hereby make application of the TOWN OF UNION, Eau Claire County, Wisconsin for a license for the above described dog. I realize that false statements on this application could result in a fine of $50.00 to $500.00 plus the cost of prosecution for each statement or in lieu of payment of the fine I could be sentenced to the County Jail. Therefore, I submit my application and payment for the license, which will expire on the 31st day of December of the year of application.*

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail or deliver fee with the above application & rabies certificate to: Town of Union

1506 N Town Hall Rd – Eau Claire, WI 54703

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOG LICENSE APPLICATION – TOWN OF UNION**  Dog License No \_\_\_\_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING INFORMATION (One (1) Dog per application):

Owner’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vet or Animal Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Rabies Vaccine Given \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**License Fees: Neutered male or spayed female - $20.00 per dog**

**Un-neutered male or un-spayed female - $30.00 per dog**

**Multiple dog License (up to 12 dogs) - $288.00 additional dogs $24 per dog**

**Rabies certification must be attached to this application otherwise application will be returned to owner.**

*Late fee: Doubles amount of license after February 1.*

Check One: Neutered Male \_\_\_\_\_

Spayed Female \_\_\_\_\_

Un-neutered Male \_\_\_\_\_

Un-spayed Female \_\_\_\_\_

Name of Dog \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_

Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Markings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATION**

*I hereby make application of the TOWN OF UNION, Eau Claire County, Wisconsin for a license for the above described dog. I realize that false statements on this application could result in a fine of $50.00 to $500.00 plus the cost of prosecution for each statement or in lieu of payment of the fine I could be sentenced to the County Jail. Therefore, I submit my application and payment for the license, which will expire on the 31st day of December of the year of application.*

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail or deliver fee with the above application & rabies certificate to: Town of Union

1506 N Town Hall Rd – Eau Claire, WI 54703