

# ST. CROIX COUNTY DOG LICENSE APPLICATION

PAYMENT DUE BY JANUARY 31<sup>ST</sup>

OWNER'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:**



**VILLAGE OF HAMMOND**

455 DAVIS STREET, PO BOX 337  
HAMMOND, WI 54015

VET CLINIC :

VET PHONE NUMBER:

Date Paid:	Cash / Check	Dog #1	Dog #2	Dog #3	Dog #4
<b>DOG NAME</b>					
<b>COLOR</b>					
<b>BREED</b>					
<b>MALE</b>	<b>\$15.00</b>				
<b>NEUTERED MALE</b>	<b>\$11.00</b>				
<b>FEMALE</b>	<b>\$15.00</b>				
<b>SPAYED FEMALE</b>	<b>\$11.00</b>				
<b>RABIES VACCINE MFG #</b>					
<b>DATE GIVEN:</b>					
<b>DATE EXP:</b>					
<i>Office use: Tag # Assigned</i>					

*Before a dog license may be issued, evidence that each dog is currently immunized against rabies is required (Wis. Stat. § 174.07). Vaccination certificates may be obtained from your veterinarian. Please include a copy of the certificate with your dog license application.*