

NOTICE TO DOG OWNERS IN POLK COUNTY

RABIES VACCINATIONS AND DOG LICENSES ARE REQUIRED UNDER THE STATUTES

Wis.Stats. 174.042(4): If the owner of a dog negligently or otherwise permits the dog to run at large off premises or be untagged, the owner shall forfeit no less than \$25.00 nor more than \$100.00 for the first offense and not less than \$50.00 nor more than \$200.00 for subsequent offenses. Wis.Stats. 95.21(2) requires that dogs be vaccinated for rabies by a veterinarian at no later than 5 months of age and revaccinated within one year after the initial vaccination and every 3 years thereafter.

It is now time to license your dog(s). This needs to be done every year. The dog tag application form needs to be returned on or before January 31st. Dog license fees are payable in full to local municipal treasurers. Send a separate check for license fees. Do not include in tax payment or on tax statement.

Individual Dog Fees

Un-Neutered Male or Un-Spayed Female: \$10.00

Neutered Male or Spayed Female: \$5.00

Option of Multiple Dog License Fees:

\$50.00 for 12 or fewer dogs plus \$5.00 for each dog in excess of 12

Fill in the information on this page to accompany dog license payments; list additional dogs on the back of this page. Please make one check for all the dogs. I will need two separate checks if you are paying for dog license and property taxes at the same time.

*****REMINDER***: That a \$5.00 penalty will be assessed after April 1st for each unlicensed dog. The delinquent dog owners list will be turned over to the District Attorney for collection.**

Please make check payable to: **Town of St. Croix Falls** & Send to: Town of St. Croix Falls
 1305 200th Street
 St. Croix Falls, WI 54024

Thank you for your cooperation.

(Please cut on the dotted line and mail or hand deliver to treasurer)

OWNER'S NAME (Print) _____ Telephone # _____
 ADDRESS _____ Parcel # _____

	DOG 1		DOG 2		DOG 3	
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Neutered Male	<input type="checkbox"/> Male	<input type="checkbox"/> Neutered Male	<input type="checkbox"/> Male	<input type="checkbox"/> Neutered Male
Check one box per column.	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed Female	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed Female	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed Female
Dog Name						
Breed						
Color						
Rabies Tag #						
Vaccination Date						
Expiration Date						
Clinic						

MULTIPLE DOG LICENSE OPTION

Number of dogs (up to 12) _____ \$50.00 Fee \$ 50.00
 Number of dogs in excess of 12 _____ x \$5.00 per dog = + \$ _____
 Total Multiple Dog License Fee..... \$

Upon payment of the required fee for each dog listed, the license(s) and tag(s) will be issued. I hereby certify that I have read and understand the above information and that my dog(s) has been vaccinated for rabies and that all statements made by me are correct.

(Signed) _____