

Dog License Application – Town of Emmet, Dodge County, WI

WHO NEEDS A LICENSE: Every person who owns, harbors, or keeps a dog more than five (5) months of age on January 1st, or five months of age within the license year shall annually, or within 30 days from date such dog becomes 5 months of age, must pay the dog license fee and obtain a license as provided by the provision of Chapter 174 of the Wisconsin Statute.

LICENSE FEES (Per Dog): Spayed/Neutered - \$5 Not spayed/neutered - \$10

LATE FEE: A **\$25 per dog late filing fee** for failure to license by **March 31st** will be charged and must be sent with license fee.

RABIES VACCINATION REQUIRED: State law requires each dog over five (5) months of age to be vaccinated against rabies by a veterinarian. A copy of the rabies vaccination for each dog from the veterinary clinic showing the expiration date and vaccine manufacturer is required, failure to provide the required documentation will prevent your dog from being licensed.

HOW DO I GET A LICENSE: Complete the application and return with a separate check for the correct fee for all dogs being licensed. Include copies of proof of rabies vaccination. Make additional copies of the form below if needed.

PAYMENT: Check made payable to: Town of Emmet – Mail to: Treasurer, W6777 Second Street Rd, Watertown, WI 53098 Do not combine payment for dog licenses with your real estate tax payment. Please provide a separate check.

NO LONGER OWN A DOG(S): Please notify the Treasurer so that the Town file can be updated.

DOG KENNELS: PER ORDINANCE #41

Individuals who keep 4 or more dogs, or if breeding dogs intend to have more than one litter of puppies per calendar year, must contact the Town Zoning Administrator to make application for a conditional use permit to operate a kennel. Continued operation of the kennel will require an annual Kennel Permit at a fee of \$50 per year. In addition, all dogs must be properly licensed and are subject to all provisions of Ordinance #7, Dog Licensing and Control.

----- COMPLETE BOTTOM PORTION AND RETURN WITH PAYMENT -----

DOG LICENSE APPLICATION: ENTIRE APPLICATION MUST BE COMPLETED TO RECEIVE A LICENSE

Owner's Name: _____ Phone # (Required): _____

Address: _____

<u>DOG INFORMATION</u>	<u>DOG INFORMATION</u>	<u>DOG INFORMATION</u>
Dog's Name: _____	Dog's Name: _____	Dog's Name: _____
Color: _____	Color: _____	Color: _____
Breed: _____	Breed: _____	Breed: _____
Sex (Circle One): M F	Sex (Circle One): M F	Sex (Circle One): M F
Spayed/Neutered (Circle One)	Spayed/Neutered (Circle One)	Spayed/Neutered (Circle One)
Y (\$5) N (\$10)	Y (\$5) N (\$10)	Y (\$5) N (\$10)
Vet. Clinic: _____	Vet. Clinic: _____	Vet. Clinic: _____
Rabies Exp. Date: _____	Rabies Exp. Date: _____	Rabies Exp. Date: _____
Vaccine Mfr: _____	Vaccine Mfr: _____	Vaccine Mfr: _____
NOTE: A copy of Rabies Vaccination from Vet. Clinic is REQUIRED to receive license.	NOTE: A copy of Rabies Vaccination from Vet. Clinic is REQUIRED to receive license.	NOTE: A copy of Rabies Vaccination from Vet. Clinic is REQUIRED to receive license.

Note: Please make additional copies of application as needed