

STATE OF WISCONSIN  
WASHINGTON COUNTY

APPLICATION/LICENSE FOR DOG

Date \_\_\_\_/\_\_\_\_/20\_\_

Name-Owner/Keeper  
of Dog \_\_\_\_\_ Phone \_\_\_\_\_  
Last First

Address \_\_\_\_\_

City of HARTFORD Dog License No. \_\_\_\_\_  
leave blank

Name of Dog \_\_\_\_\_ Color \_\_\_\_\_ Breed \_\_\_\_\_

RABIES TAG NO. \_\_\_\_\_  Male \$20.00  Female \$20.00

EXP. DATE \_\_\_\_/\_\_\_\_/20\_\_  Neutered \$10.00  Spayed \$10.00

Veterinary Name \_\_\_\_\_ Phone: \_\_\_\_\_

DOG OWNER SIGNATURE: \_\_\_\_\_

**Signed verification of current rabies information as herein recorded.**

BY THE UNDERSIGNED, THE REQUIRED FEE OF \$ \_\_\_\_\_ HAS BEEN RECEIVED FOR THIS 20\_\_\_\_  
DOG LICENSE ISSUED ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_. ( ) \$5.00 LATE FEE PAID.  
**See Back Side** LICENSING OFFICIAL \_\_\_\_\_

***A RABIES VACCINATION CERTIFICATE MUST ACCOMPANY THIS FORM!***

To facilitate issuance of the license, please provide information about your dog on the form above and bring this card with you when purchasing the dog license. Or you may simply mail us this completed form accompanied by a check. In either case, PROOF of current vaccination is required, as per Municipal Code Section 21.14 "Evidence of Immunization Against Rabies." If you apply by mail, the proof of the vaccination will be returned to you by mail, along with the license.

**A \$5.00 LATE FEE SHALL BE COLLECTED (WHEN APPLICABLE) FROM OWNERS OF DOGS NOT LICENSED BY APRIL 1<sup>ST</sup> OF EACH YEAR.**

Make checks payable to the City of Hartford and mail or bring to:

HARTFORD CITY HALL CASHIER at 109 North Main Street, Hartford, WI 53027