

# TOWN OF LODI

## 2019 DOG LICENSE APPLICATION

Owner(s) Name(s):	_____		
Address:	_____		
City/State/Zip Code:	Lodi, WI 53555	Email:	_____
Phone #1:	_____	Phone #2:	_____
		Other Phone:	_____

I HEREBY CERTIFY THAT THE FOLLOWING INFORMATION IS AN ACCURATE STATEMENT OF ALL DOGS OWNED OR HARBORED BY ME, SUBJECT TO WISCONSIN STATE STATUTE 174:

SEX: <u>circle one</u>	Spayed Female (\$10)	Neutered Male (\$10)	Female (\$20)	Male (\$20)
DOG #1 NAME:	_____			
COLOR(S):	_____			
BREED(S):	_____			
RABIES SHOT DATE:	____/____/20____	SHOT EXPIRES:	____/____/20____	
VETERINARIAN:	_____			

SEX: <u>circle one</u>	Spayed Female (\$10)	Neutered Male (\$10)	Female (\$20)	Male (\$20)
DOG #2 NAME:	_____			
COLOR(S):	_____			
BREED(S):	_____			
RABIES SHOT DATE:	____/____/20____	SHOT EXPIRES:	____/____/20____	
VETERINARIAN:	_____			

*Use back side of this application if you have more than 2 dogs.*

All dogs are required to be licensed in the Town of Lodi, Columbia County each year per Town of Lodi Ordinances and Wisconsin State Statutes.

All dogs are required to be vaccinated against rabies within 30 days of reaching 4 months of age, and future protection be kept current. No license will be issued without proof of vaccination, this form completed and signed, and all required fees paid in full. \$10 late fee per dog if license renewed after April 1, 2019.

If you mail this form/fee, please include a self-addressed/stamped envelope to return the license, tags and receipt to you.

If you own rental property it is your responsibility to make sure you get this form to renters who own dogs.

FOR OFFICE USE ONLY - License #(s) Issued:	_____	_____	_____
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