

TOWN OF ERIN – ANNUAL DOG LICENSE INFORMATION

WHO NEEDS A LICENSE: Every person who owns, harbors, or keeps a dog that’s more than five months old on January 1, 2024, or five months old *within* the license year must annually, or within 30 days from the date such dog becomes 5 months old, pay the dog license fee and obtain a license as provided by the provision of Chapter 174 of the Wisconsin Statutes.

LICENSING DEADLINE: **March 31** or within 30 days of acquiring a licensable dog. If delinquent in obtaining an annual license, the WASHINGTON COUNTY DISTRICT ATTORNEY will be notified.

LATE FEE: A\$10.00 late fee for failure to license by deadline will be charged and must be sent with license fee as required by Wisconsin State Statute §174.05(5).

VACCINATION: Wisconsin State Law requires each dog over the age of five months old 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 and serial number is required.*** Failure to provide the required valid documentation will prevent your dog from being licensed.

HOW TO GET A LICENSE: Complete the entire application below and return with a separate check for the correct amount for all dogs being licensed. **If mailing application, include a stamped, self-addressed envelope for the receipt of your dog tag(s). Make check payable to and mail application to:**

TOWN OF ERIN
1846 State Hwy 83
Hartford, WI 53027

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ANNUAL DOG LICENSE APPLICATION

OWNER’S NAME _____ OWNER PHONE NO. _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

NAME OF DOG: _____ COLOR: _____ BREED: _____

<u>SEX (Circle One):</u>	<u>Licensed before March 31</u>	<u>Licensed after April 1</u>
Male	\$20.00	\$30.00
Female	\$20.00	\$30.00
Neutered Male:	\$10.00	\$20.00
Spayed Female:	\$10.00	\$20.00

VET. CLINIC NAME: _____ VET. CLINIC PHONE NO. _____

VACCINE MFR: PLEASE CIRCLE ONE OF THE FOLLOWING OR FILL IN NAME NEXT TO OTHER

IMRAB FORT DODGE PFIZER RHONE MERIEUX MERIAK DEFENSOR PUREVAC

OTHER: _____

VACCINE SERIAL NUMBER: _____ DATE OF VACCINATION: _____

VACCINATION EXPIRATION DATE: _____

This form may be duplicated for additional dogs.

Four or more dogs requires a **Multiple Dog License** valid only by **Conditional Use Permit** issued by Town of Erin. Multiple dog fee is \$90.00 plus \$10.00 per dog if licensed after March 31st.