

TOWN OF WASHBURN/BAYFIELD COUNTY

DOG LICENSE APPLICATION – PLEASE SEND SEPARATE CHECK!

All dog licenses expire on December 31st and all dogs in the township must be vaccinated and licensed.

According to Dog License Law, Chapter 174, Wisconsin Statutes, any dog over the age of 5 months must be licensed annually. The fee for this licenses is \$5.00 for a neutered male or spayed female or \$12.00 for any dog not spayed or neutered. If this license is not purchased by April 1st, or within 30 days of acquiring a dog (after that date) a \$5.00 late fee will be assessed.

*****Bayfield County has implemented a new computerized system for licensing dogs and we must have documentation from your veterinarian of their vaccinations or the application cannot be processed.

Please fill out the information below along with a COPY of the vaccination documentation from your veterinarian. A tag will be mailed to you. If you send the original vaccination documentation please send a note that it needs to be returned to you.

Make checks payable to: **Treasurer, Town of Washburn** (please send separate check from taxes)

Mail to: **Town of Washburn Treasurer, P.O. Box 216, Washburn, WI 54891**

PLEASE PRINT THE FOLLOWING INFORMATION

Owners Name: _____ New owner? _____

Street Address: _____

Mailing Address: _____

Phone #: _____

Email: (for questions only) _____

Name of Dog (1) _____ Male or Female _____ Neutered/Spayed _____

Color _____ Breed _____ Mix? _____ Age: _____ Yrs. _____ Months _____ New dog? _____

Date of Rabies Vaccination _____, Expires _____

Vaccine Manufacturer _____, Serial Number _____

Veterinarian _____

Name of Dog (2) _____ Male or Female _____ Neutered/Spayed _____

Color _____ Breed _____ Age: _____ Yrs. _____ Months _____ New dog? _____

Date of Rabies Vaccination _____, Expires _____

Vaccine Manufacturer _____ Serial Number _____

Veterinarian _____

Name of Dog (3) _____ Male or Female _____ Neutered/Spayed _____

Color _____ Breed _____ Age: _____ Yrs. _____ Months _____ New dog? _____

Date of Rabies Vaccination _____, Expires _____

Vaccine Manufacturer _____ Serial Number _____

Veterinarian _____