

2024 DOG LICENSE APPLICATION

Town of Primrose, Dane County, Wisconsin

Valid January 1 – December 31, 2024

All dogs five (5) months of age or older require a license under Wisconsin State Statutes (Chapter 174). The license year is January 1 – December 31. Licenses must be purchased by March 31, 2024. A late fee of \$5.00 per license is due for any license purchased on or after April 1, 2024.

Enclose:

- ✓ This form
- ✓ Original rabies vaccination certificate
- ✓ A self-addressed, stamped envelope
- ✓ Submit a **separate check** for your license fees made out to "Town of Primrose"

Mail to: Dave Garfoot, Treasurer

8670 Garfoot Drive, Mount Horeb, WI 53572

Owner's Name _____

Complete Address _____

Dog #1	Dog #2	Dog #3
NAME:	NAME:	NAME:
Color:	Color:	Color:
Breed:	Breed:	Breed:
Male / Female (circle one)	Male / Female (circle one)	Male / Female (circle one)
Spayed or Neutered Yes/No	Spayed or Neutered Yes/No	Spayed or Neutered Yes/No
Rabies Vaccine Expires on:	Rabies Vaccine Expires on:	Rabies Vaccine Expires on:
Rabies Tag No.	Rabies Tag No.	Rabies Tag No.
Late Fee(\$5.00) Yes / No	Late Fee(\$5.00) Yes / No	Late Fee(\$5.00) Yes / No

(See other side for additional dogs)

I certify that the information provided on this form is accurate:

Signature _____ Date _____

License Fees: \$20.00 Male or female \$ 15.00 Neutered male or spayed female

\$45.00 Kennel license (12 or fewer dogs). Each additional dog is \$15.00

If you have questions call Dave Garfoot, Treasurer, at 608-516-2794

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DOG #4	DOG #5	DOG #6
NAME:	NAME:	NAME:
Color:	Color:	Color:
Breed:	Breed:	Breed:
Male / Female (circle one)	Male / Female (circle one)	Male / Female (circle one)
Spayed or Neutered Yes/No	Spayed or Neutered Yes/No	Spayed or Neutered Yes/No
Rabies Vaccine Expires on:	Rabies Vaccine Expires on:	Rabies Vaccine Expires on:
Rabies Tag No.	Rabies Tag No.	Rabies Tag No.
Late Fee(\$5.00) Yes / No	Late Fee(\$5.00) Yes / No	Late Fee(\$5.00) Yes / No
Amount Due: \$ _____	Amount Due: \$ _____	Amount Due: \$ _____

DOG #7	DOG #8	DOG #9
NAME:	NAME:	NAME:
Color:	Color:	Color:
Breed:	Breed:	Breed:
Male / Female (circle one)	Male / Female (circle one)	Male / Female (circle one)
Spayed or Neutered Yes/No	Spayed or Neutered Yes/No	Spayed or Neutered Yes/No
Rabies Vaccine Expires on:	Rabies Vaccine Expires on:	Rabies Vaccine Expires on:
Rabies Tag No.	Rabies Tag No.	Rabies Tag No.
Late Fee(\$5.00) Yes / No	Late Fee(\$5.00) Yes / No	Late Fee(\$5.00) Yes / No
Amount Due: \$ _____	Amount Due: \$ _____	Amount Due: \$ _____

DOG #10	DOG #11	DOG #12
NAME:	NAME:	NAME:
Color:	Color:	Color:
Breed:	Breed:	Breed:
Male / Female (circle one)	Male / Female (circle one)	Male / Female (circle one)
Spayed or Neutered Yes/No	Spayed or Neutered Yes/No	Spayed or Neutered Yes/No
Rabies Vaccine Expires on:	Rabies Vaccine Expires on:	Rabies Vaccine Expires on:
Rabies Tag No.	Rabies Tag No.	Rabies Tag No.
Late Fee(\$5.00) Yes / No	Late Fee(\$5.00) Yes / No	Late Fee(\$5.00) Yes / No
Amount Due: \$ _____	Amount Due: \$ _____	Amount Due: \$ _____