2026 DOG LICENSE APPLICATION

Town of Primrose, Dane County, Wisconsin

Valid January 1 – December 31, 2026

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, 2026

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, Treas	surer	
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:

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	Rabies Vaccine	Rabies Vaccine
Expires on:	Expires on:	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 th	ne information provided on this form is accurate:	
Signature	Date	
License Fees:	\$30.00 Male or female \$ 20.00 Neutered male or spayed female	
	\$60.00 Kennel license (12 or fewer dogs). Each additional dog is \$30.00	

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

DOG #4	DOG #5	DOG #6
DUU #4	#5	0# DUU

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

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	Rabies Vaccine	Rabies Vaccine
Expires on:	Expires on:	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	Rabies Vaccine	Rabies Vaccine
Expires on:	Expires on:	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: \$