



# Town of Caledonia

[www.townofcaledonia.com](http://www.townofcaledonia.com)

PO Box 190, Readfield WI 54969

(920) 667-4773

## Dog License Application

*In accordance with Chapter 174.05 and 174.07 of the Wisconsin statutes, licenses and rabies vaccinations are required for all dogs by the time they reach 5 months of age. The Town of Caledonia is the government body responsible for issuing dog licenses and checking rabies vaccination compliance.*

### DOG LICENSE PROCEDURE:

**You must obtain a dog license annually** through the Town of Caledonia treasurer. You can do this by submitting the required form attached below. Supply a copy of proof of rabies vaccination with this application.

Licenses for the entire year are issued from January 1st through March 31st of each year.

### DOG LICENSING FEES & PENALTIES:

**The fee for a dog license is \$5/dog for spayed/neutered dogs and \$10/dog for non-spayed/neutered intact dogs.** A late fee of \$5/dog will be assessed to an owner who fails to obtain a dog license before April 1st. An owner who fails to have a dog licensed or vaccinated against rabies may be fined.

**Kennel License \$60 for 4 -12 dogs.** The actual tag is different for kennels so please indicate if you have a kennel. Over 12 dogs is \$5 extra per dog.

**For your convenience you may clip and mail the following application with proof of rabies vaccination** to Town of Caledonia Treasurer. For additional dog license information, you can contact (920) 667-4773.

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2nd Owner Name/Kennel Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Animal Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex (circle one of each):  M /  F  Neutered /  Spayed

Date of rabies shot \_\_\_\_\_ Year of Expiration: \_\_\_\_\_

Veterinary Clinic: \_\_\_\_\_ Clinic Phone #: \_\_\_\_\_

Complete this application and mail with the rabies certificate, proof of sterilization, and check made out to the Town of Caledonia. Mail to: Town of Caledonia, Attn Dog License, PO Box 190, Readfield WI 54969.

For more than one pet, make additional copies of this form. Enclose a self-addressed envelope and your paperwork and license will be returned.

For Treasurer's use only: Paid: \_\_\_\_\_ Vaccine: \_\_\_\_\_ Entered in System: \_\_\_\_\_ Tag Mailed: \_\_\_\_\_