

# TOWN OF WHEATON

## Dog License Application

**Certification of vaccination record from your veterinarian must accompany this form.**  
**Please include a self-addressed stamped envelope for the return of your dog license & receipt.**

Owner's Name:
Owner's Address:
Owner's Telephone Number:
Name of Veterinarian:

**All dogs 5 months or older must be licensed. \$25 late fee for dogs over 5 months not licensed by April 1<sup>st</sup>. If submitting your payment with property taxes, a separate check MUST be submitted.**

**Fees: Neutered or Spayed: \$12**

**Unneutered or Unspayed: \$18**

**Multiple Dogs: (Six to Twelve): \$60 (Six Dogs Required Kennel License)**

**Each additional tag for multiple dogs in excess of 12: \$10.00**

Dog's Name:	Dog's Name:
Breed:	Breed:
Color:	Color:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Neutered/Spayed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Neutered/Spayed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Rabies Vaccination: / /	Date of Rabies Vaccination: / /
Rabies Serial #:	Rabies Serial #:

Dog's Name:	Dog's Name:
Breed:	Breed:
Color:	Color:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Neutered/Spayed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Neutered/Spayed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Rabies Vaccination: / /	Date of Rabies Vaccination: / /
Rabies Serial #:	Rabies Serial #:

**Mail form, proof of vaccination, self-addressed stamped envelope, and check to:**

**Town of Wheaton Treasurer  
4975 County Hwy T  
Chippewa Falls, WI 54729**