

Dog License For Premises Having Up to Three Dogs

Town of Holland, Brown County

Form DL-2025

Dogs and/or kennels are licensed for the calendar year. It is the requirement of owners to license all dogs each year (WI Stat. 174) once they have reached five months of age. All dogs must have a current rabies shot. Tags are not transferrable to another dog.

Please refer to the Town of Holland website to view the Dog Ordinance: <https://hollandbrowncountywi.gov>

Contact Information

Town of Holland Treasurer, Lona Vande Hey
1293 Holland Road, Greenleaf, WI 54126
(920) 851-0902
treasurer@hollandbrowncountywi.gov

Dog License Form for Individual Dog Owners - Up to three dogs per premises.

Note: Premises having more than three dogs are required to apply for Multiple Dog (Kennel) License (\$140) .

Please fill out completely and send the following to the Town of Holland Treasurer each year.

a) this form

b) correct fee for each dog (spayed/neutered \$5; unaltered \$10), checks payable to Town of Holland

c) veterinary certification of spay/neuter, and rabies information

License for year 20_____ Owner's Name _____ Phone: _____

Address _____ Zip _____

Dog's Name _____

Circle One: Male / Female

Neutered or Spayed: Yes / No

Fee: \$5 Neuter/Spay _____

\$10 Unaltered _____

Color: _____

Breed: _____

Rabies Vaccine Information:

Manufacturer: _____

Vaccine Serial #: _____

Date Vaccine Given: _____

Vaccine Expires: _____

Veterinary Clinic (opt): _____

Dog's Name _____

Circle One: Male / Female

Neutered or Spayed: Yes / No

Fee: \$5 Neuter/Spay _____

\$10 Unaltered _____

Color: _____

Breed: _____

Rabies Vaccine Information:

Manufacturer: _____

Vaccine Serial #: _____

Date Vaccine Given: _____

Vaccine Expires: _____

Veterinary Clinic (opt): _____

Dog's Name _____

Circle One: Male / Female

Neutered or Spayed: Yes No

Fee: \$5 Neuter/Spay _____

\$10 Unaltered _____

Color: _____

Breed: _____

Rabies Vaccine Information:

Manufacturer: _____

Vaccine Serial #: _____

Date Vaccine Given: _____

Vaccine Expiration: _____

Veterinary Clinic (opt): _____