

RABIES VACCINATIONS AND DOG LICENSES ARE REQUIRED UNDER THE STATUTES

Per Wis. Stats. 174.042 (4): If the owner of a dog negligently or otherwise permits the dog to run at large off premises or be untagged, the owner shall forfeit not less than \$25 nor more than \$100 for the first offense and not less than \$50 nor more than \$200 for subsequent offenses. Per Wis. Stats. 95.21 (2) requires that dogs be vaccinated for rabies by a veterinarian at no later than 5 months of age and revaccinated within one year after the initial vaccination and every 3 years thereafter.

It is now time to license your dog(s). This needs to be done every year. The dog tag application form needs to be returned no later than January 31st of each year.

FEES:

Un-Neutered Male or Un-Spayed Female: \$8.00

Neutered Male or Spayed Female: \$3.00

Multiple License: \$35.00

The Multiple License tag is \$35.00 per kennel of 12 or fewer dogs, and an additional \$3.00 for each dog in excess of 12.

Please fill out the following information so that proper tags can be issued. **Please make one check for all the dogs.** Dog tags will be mailed directly to you, or they can be issued to you in-person when you make your property tax payment in January. If you are paying for your dog licenses and property taxes at the same time, please issue a **SEPARATE CHECK** for each. One check for dog license. One check for property taxes.

****REMINDER: A \$5.00 penalty will be assessed after April 1st for each unlicensed dog. The delinquent dog owners will be turned over to the District Attorney for collection.**

Thank you in advance for your cooperation.

Please make checks payable to: **TOWN OF JOHNSON**

**Mail to: Susan Rouzer
Treasurer, Town of Johnstown
32 235th Ave.
Cumberland, WI 54829**

(Please cut on the dotted line and mail or deliver to the treasurer)

Owners Name (Please Print) Street Address City Zip Code

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE INFORMATION ON THIS SHEET AND THE STATEMENTS ARE CORRECT. I ACKNOWLEDGE THAT MY DOG HAS BEEN VACCINATED FOR RABIES.

Signature Phone Number: _____

	Dog 1 (\$3.00 S/N or \$8.00 not)	Dog 1 (\$3.00 S/N or \$8.00 not)	Dog 1 (\$3.00 S/N or \$8.00 not)
Name of Dog			
(Circle appropriate response)	M or F Spay/Neut. or Not	M or F Spay/Neut. or Not	M or F Spay/Neut. or Not
Color			
Breed			
Rabies Vaccination Date			
Expiration Date			
Vaccine Mfg. & Serial No.			
Fee	\$	\$	\$

Check here for Multiple License (\$35.00) _____ How many dogs? _____ (\$3.00 for each dog in excess of 12)

Total Enclosed _____