

Village of Star Prairie Annual Dog License Application

Owner Name: _____ Owner Address: _____

Owner Phone Number: _____ Veterinarian/Clinic: _____

Name of Dog: _____ Breed: _____ Color: _____

____ Male \$10 ____ Neutered Male \$5 Date of Rabies Shot: _____ Expiration Date: _____

____ Female \$10 ____ Spayed Female \$5 Vaccine Mfg: _____ Serial #: _____

Return with a copy of your Vaccination Certificate, Self-addressed, stamped envelope to return your tag to you, and payment to:

Village of Star Prairie, PO Box 13, Star Prairie, WI 54026

Any license purchased after March 31 must add a \$75 late fee to the total

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