STATE OF WISCONSIN
WASHINGTON COUNTY

APPLICATION/LICENSE FOR DOG
Date ____/____/20___

Name-Owner/Keeper
of Dog _____ Phone _____
Last First

Address _____

City of HARTFORD Dog License No. _____
leave blank

Name of Dog _____ Color _____ Breed _____

RABIES TAG NO. _____ ☐ Male $20.00 ☐ Female $20.00

EXP. DATE ____/____/20___ ☐ Neutered $10.00 ☐ Spayed $10.00

Veterinary Name _____ Phone: _____

DOG OWNER SIGNATURE: _____
Signed verification of current rabies information as herein recorded.

BY THE UNDERSIGNED, THE REQUIRED FEE OF $_____ HAS BEEN RECEIVED FOR THIS 20____
DOG LICENSE ISSUED ON THE _____ DAY OF _____, 20____. ( ) $5.00 LATE FEE PAID.
See Back Side LICENSING OFFICIAL _____

A RABIES VACCINATION CERTIFICATE MUST ACCOMPANY THIS FORM!

To facilitate issuance of the license, please provide information about your dog on the form above and bring this card with you when purchasing the dog license. Or you may simply mail us this completed form accompanied by a check. In either case, PROOF of current vaccination is required, as per Municipal Code Section 21.14 "Evidence of Immunization Against Rabies." If you apply by mail, the proof of the vaccination will be returned to you by mail, along with the license.

A $5.00 LATE FEE SHALL BE COLLECTED (WHEN APPLICABLE) FROM OWNERS OF DOGS NOT LICENSED BY APRIL 1ST OF EACH YEAR.

Make checks payable to the City of Hartford and mail or bring to:

HARTFORD CITY HALL CASHIER at 109 North Main Street, Hartford, WI 53027