

DOG LICENSE INFORMATION

RABIES VACCINATIONS AND DOG LICENSES ARE REQUIRED UNDER THE STATUTES

Dear Town of Alden Resident,

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 no less than \$25.00 nor more than \$100.00 for the first offense and not less than \$50.00 and nor more than \$200.00 for the subsequent offenses. **Wis. Stats. 95.21(2)** requires that all 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 on or before January 31st. When filling out the application, do not write who the veterinarian is and then ask me to call them. I do not have time to call every veterinarian for this information. This is your responsibility! I will need documentation that states that the rabies vaccinations has been administered on the dog(s).

Landlords: It is your responsibility to notify your tenants of this requirement. They too, need to license their dogs.

Individual Dog Fees

Un-Neutered Male or Un-Spayed Female: **\$10.00**

Neutered Male or Spayed Female: **\$5.00**

Option for Multiple Dogs License Fees:

\$40.00 for 12 or fewer dogs plus \$5.00 for each dog in excess of 12

Fill in the information on this page to accompany dog license payments. List additional dogs on the back of this page, or you may make multiple copies. **Please make one check for all the dogs. I will need two separate checks if you're paying for dog license and property taxes at the same time.**

**** REMINDER:** That a \$5.00 penalty will be assessed after April 1st for each unlicensed dog. The delinquent dog owners list will be turned over to the District Attorney for collection. Any dog that was sold, given away, or has died since the previous year, you will need to fill out an **Affidavit of Death or Disposal of Dog Certificate**. Please contact us for the Affidavit.

Please make checks payable to: **Town of Alden** and mail to:

Margo Dahl
Treasurer
183 155th Street
Star Prairie, WI 54026

Thank you for your cooperation

(Please cut on dotted line and mail or hand deliver to the Town of Alden)

OWNER'S NAME (print) _____ Telephone # (_____) _____

ADDRESS _____

	DOG 1	DOG 2	DOG 3
Sex: Check one box per column	<input type="checkbox"/> Male \$10.00 <input type="checkbox"/> Neutered Male \$5.00 <input type="checkbox"/> Female \$10.00 <input type="checkbox"/> Spayed Female \$5.00	<input type="checkbox"/> Male \$10.00 <input type="checkbox"/> Neutered Male \$5.00 <input type="checkbox"/> Female \$10.00 <input type="checkbox"/> Spayed Female \$5.00	<input type="checkbox"/> Male \$10.00 <input type="checkbox"/> Neutered Male \$5.00 <input type="checkbox"/> Female \$10.00 <input type="checkbox"/> Spayed Female \$5.00
Dog Name			
Color			
Breed			
Date Vaccinated			
Vaccine Manufacturer			
Vaccination Expiration Date			
Serial Number			

2023

MULTIPLE DOG LICENSE (OPTIONAL)

Number of dogs (up to 12) _____ \$40.00 Fee = \$ 40.00
 Number of dogs in excess of 12 _____ x \$5.00 per dog = + \$ _____
 Total Multiple Dog License Fee \$ _____

Upon payment of the required fee for each dog listed, the license(s) and tag(s) will be issued.

I hereby certify that I have read and understand the above and that my dog(s) have been vaccinated for rabies and that all statements made by me are correct.

Signed _____ Date _____