



**"Equal Opportunity Provider & Employer"**

508 Second Street, P.O. Box 277, Pepin, WI, 54759, Phone 715-442-2461

Emails: clerk@pepinwisconsin.org and treasurer@pepinwisconsin.org

## Dog License Application

OWNER NAME(S): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DOG NAME: \_\_\_\_\_ MALE/FEMALE NEUTERED/SPAYED (Y/N): \_\_\_\_\_

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

**YEARLY LICENSE FEE: NEUTERED/SPAYED \$8 NOT \$20**

**After April 1<sup>st</sup>: \$5 late fee**

☐ Please mail my license (include \$1 postage) ☐ I will pick up my License

**LICENSE REQUIREMENTS:** Current Rabies Vaccine

SIGNATURE: \_\_\_\_\_

**LICENSES VALID JANUARY 1<sup>ST</sup> THROUGH DECEMBER 31<sup>ST</sup>**

**\*\*License fees will not be prorated for partial year operation\*\***

**Paid by CASH, ONLINE, OR CHECK #** \_\_\_\_\_

**LICENSE # ISSUED:** \_\_\_\_\_