

# Town of Little Suamico Dog License Application

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## DOG LICENSING-Required by the State of Wisconsin, Oconto County and Town of Little Suamico

All dogs over 5 months of age are to be vaccinated and licensed. The fees are: \$3.00 for neutered/spayed and \$8.00 for non-neutered/spayed. In order to avoid the late penalty fee of \$5.00, licenses should be obtained by March 31<sup>st</sup>\*\*. If you become a Town resident after March 31st, the penalty will not apply, as long as you license your dog within 30 days of establishing residency. Dog owners who fail to license their dogs are subject up to a \$100.00 fine for the 1st offense and up to \$200.00 for the 2nd offense. Licenses can be obtained at the Little Suamico Town Hall or requested by mail, located at 5964-A County Road S, Sobieski, WI 54171. **If requested by mail, please include a business-size SASE for the return of the tag(s).** When applying for a license, owners **MUST** also **present a rabies vaccination certificate** and proof of sterilization from a licensed veterinarian annually. No license will be issued without proper certification.

Exact cash payments or check payable to the "Town of Little Suamico" are acceptable.

Name of Owner \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone #: \_\_\_\_\_

Include a business size SASE for tag return by mail

Office Use Only

Cash \$ \_\_\_\_\_

Ck # \_\_\_\_\_

Ck \$ \_\_\_\_\_

Ck Name \_\_\_\_\_

Late Fee Y or N

Tag # \_\_\_\_\_

# of Male \_\_\_\_\_ @ \$8.00 = \$ \_\_\_\_\_ # of Neutered Male \_\_\_\_\_ @ 3.00 = \$ \_\_\_\_\_

# of Female \_\_\_\_\_ @ \$8.00 = \$ \_\_\_\_\_ # of Spayed Female \_\_\_\_\_ @ 3.00 = \$ \_\_\_\_\_

# of Multi Dog License (up to 12 tags) \_\_\_\_\_ @ \$ 35.00 = \$ \_\_\_\_\_

**\*\* After March 31<sup>st</sup>, add a \$5.00 late fee per dog\*\***

1) Name of Dog \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Breed \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered \_\_\_\_\_

Color \_\_\_\_\_ **Copies of Vaccination papers required annually!!**

Rabies vaccination-Date Given (MM/DD/YYYY) \_\_\_\_\_

Rabies vaccination-Date Expired (MM/DD/YYYY) \_\_\_\_\_

Rabies Tag # \_\_\_\_\_

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