

**NOTICE TO DOG OWNERS IN CITY OF ST CROIX FALLS**

**RABIES VACCINATIONS AND DOG LICENSES ARE REQUIRED UNDER THE STATUTES**

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 nor more than \$200.00 for subsequent offenses. Wis. Stats. 95.21(2) requires that 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 31<sup>st</sup>. Dog license **fees are payable in full to local municipal treasurers.** **Send separate check** for license fees. **Do not include in tax payment or on tax statement.**

**Individual Dog Fees**

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

Neutered Male or Spayed Female: \$5.00

**Fill in the information on this page** to accompany dog license payments. **Please make one check for all the dogs. I will need separate checks if you're paying for dog license and property taxes or Utiliters at the same time.**

**\*\*REMINDER: That a \$5.00 penalty will be assessed after April 1<sup>st</sup> for each unlicensed dog. The delinquent dog owners list will be turned over to the District Attorney for collection.**

Please make checks payable to & send to: City Treasurer  
 City of St Croix Falls  
 710 Hwy 35 South  
 St Croix Falls WI 54024

(Please cut on dotted line and mail or hand deliver to treasurer)

OWNER'S NAME (print) \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

	DOG 1	DOG 2	DOG 3
Sex: Check one box per column.	<input type="checkbox"/> Male \$10 <input type="checkbox"/> Neutered Male \$5 <input type="checkbox"/> Female \$10 <input type="checkbox"/> Spayed Female \$5	<input type="checkbox"/> Male \$10 <input type="checkbox"/> Neutered Male \$5 <input type="checkbox"/> Female \$10 <input type="checkbox"/> Spayed Female \$5	<input type="checkbox"/> Male \$10 <input type="checkbox"/> Neutered Male \$5 <input type="checkbox"/> Female \$10 <input type="checkbox"/> Spayed Female \$5
Dog Name			
Color			
Breed			
Date Vaccinated			
Name of Veterinarian			
Vaccine Manufacturer			
Serial Number			
Expiration Date			

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) has been vaccinated for rabies and that all statements made by me are correct.

(Signed) \_\_\_\_\_