**Dog license application**

**Town of Manitowoc**

Pursuant to Section 1740.52 Wisconsin Statutes notice is hereby given to all owners of dogs in Manitowoc County that rabies vaccinations and dog licenses are required under the statutes.

Vaccination by a veterinarian against rabies of all dogs is required within 30 days after the dog reaches 4 months of age and revaccination is required within one year after the initial vaccination. Older vaccinated dogs must be revaccinated when the certificate expires or within 3 years of the previous vaccination.

 Male or Female - $10.00

Neutered Male or Spayed Female - $5.00

 Multiple license (up to 12 dogs) - $35.00

If you no longer own the dog, or if the dog has died, please notify me so that records maybe updated.

**All dog licenses are subject to a late fee of $35.00 if purchased after April 1st. This will be enforced.**

Make checks payable to Town of Manitowoc and send to: Geraldine Gilbert

1805 Lissa Lane

Manitowoc WI 54220

Phone 920-901-5072

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Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Veterinarian/Clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Male Female Neutered Male Spayed Female

Rabies Vaccination Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rabies Vaccination Expiration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccine Manufacturer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fee Enclosed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that I have read this form and the statements are correct. I acknowledge that my dog has been vaccinated for rabies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature)