

**IF THE ADDRESS ON YOUR TAX BILL IS INCORRECT
PLEASE COMPLETE THE FOLLOWING AND RETURN IT WITH YOUR TAX BILL**

TAX KEY NO: _____

OWNER'S NAME: _____

NEW ADDRESS: _____

DOG OWNERS IN THE TOWN OF SUGAR CREEK

WHO NEEDS A LICENSE: Every person who owns, harbors, or keeps a dog more than five (5) months of age on January 1st or five months of age *within* the license year shall annually, or within 20 days from the date such dog becomes five months of age, pay the dog license fee and obtain a license as provided by the provision of Chapter 174 of the Wisconsin Statutes. By state law, all dogs must be vaccinated against rabies by a vet within 30 days after reaching the age of five months. SUMMER RESIDENTS may keep a dog without a license **for not over thirty days**, but the dog must be confined or on a leash to be exempt. Proof of vaccination may be requested.

HOW DO I GET A LICENSE: Complete entire application and return with a separate check for the correct fee for all dogs being licensed.

INCLUDE: self-addressed stamped envelope with your application so your dog tag(s)/receipt can be sent to you

PAYMENT: MUST BE SEPARATE FROM TAX PAYMENT. Check made payable to: Town of Sugar Creek
Mail application, self-addressed stamped envelope, and payment to: P.O. Box 287, Elkhorn, WI 53121
or use drop-box at the Sugar Creek Town Hall (located at N6641 Co Rd H, Elkhorn, WI)

NO LONGER HAVE DOG: Please notify treasurer to be removed from the list

----- COMPLETE BOTTOM PORTION AND RETURN WITH PAYMENT AND SELF-ADDRESSED STAMPED ENVELOPE -----

DOG LICENSE APPLICATION: ENTIRE APPLICATION MUST BE COMPLETED TO RECEIVE A LICENSE

Mail application, self-addressed stamped envelope, and payment to: P.O. Box 287, Elkhorn, WI 53121
or use drop-box at the Sugar Creek Town Hall (located at N6641 Co Rd H, Elkhorn, WI)

Owner's Name: _____ Phone # (required): (_____) _____

Address: _____

City: _____ State: _____ ZIP: _____

DOG INFORMATION (PLEASE PRINT)	
DOG'S NAME: _____	AGE: _____
COLOR: _____	BREED: _____
<u>SEX (CIRCLE ONE)</u>	
MALE: \$32	NEUTERED MALE: \$15
FEMALE: \$32	SPAYED FEMALE: \$15
VET CLINIC: _____	
VACCINE MANUFACTURER: _____	
VACCINE SERIAL #: _____	
DATE RABIES VACCINATION NEXT DUE: ____/____/____	
---FOR OFFICE USE ONLY---	
DATE PAID: _____	CHECK #: _____ TAG #: _____
AMOUNT PD: \$ _____	

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