

Date \_\_\_\_\_

**DOG LICENSE APPLICATION – TOWN OF UNION**

Dog License No \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING INFORMATION (One (1) Dog per application):

Owner’s Name \_\_\_\_\_ Vet or Animal Hospital \_\_\_\_\_

Owner’s Address \_\_\_\_\_ Date Rabies Vaccine Given \_\_\_\_\_

Owner’s Phone Number \_\_\_\_\_

**License Fees: Neutered male or spayed female - \$21.00 per dog  
Un-neutered male or un-spayed female - \$31.00 per dog  
Multiple dog License (up to 12 dogs) - \$288.00 additional dogs \$24 per dog**

**Rabies certification must be attached to this application otherwise application will be returned to owner.**

*Late fee: Doubles amount of license after February 1.*

Name of Dog \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_

Color \_\_\_\_\_ Markings \_\_\_\_\_

Check One:	Neutered Male	_____
	Spayed Female	_____
	Un-neutered Male	_____
	Un-spayed Female	_____

**CERTIFICATION**

*I hereby make application of the TOWN OF UNION, Eau Claire County, Wisconsin for a license for the above described dog. I realize that false statements on this application could result in a fine of \$50.00 to \$500.00 plus the cost of prosecution for each statement or in lieu of payment of the fine I could be sentenced to the County Jail. Therefore, I submit my application and payment for the license, which will expire on the 31<sup>st</sup> day of December of the year of application.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Mail or deliver fee with the above application & rabies certificate to: Town of Union  
1506 N Town Hall Rd – Eau Claire, WI 54703

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