

DOG LICENSE APPLICATION

Owner Name _____
Street Address _____
Mailing Address _____
Phone #: _____
Email Address: _____

Village of Johnson Creek
125 Depot Street
P O Box 238
Johnson Creek, WI 53038
Phone: 920-699-2296
Fax: 920-699-2292



License Fees (Valid January 1 to December 31)

Neutered/Spayed	\$10.00	x	_____	\$	_____
NOT Neutered/Spayed	\$15.00	x	_____	\$	_____
Mailing License Fee - <i>if applicable</i>	\$1.00	x	_____	\$	_____
Additional Dog Fee (Per dog over 2)	\$25.00	x	_____	\$	_____
Late Fee (after March 31)	\$25.00	x	_____	\$	_____

Amount Paid \$ _____

Check Payable to: "Village of Johnson Creek"

Cash/Check # _____

☐ Attach copy of Rabies Certificate
☐ Attach copy proof of spay/neuter

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Name of Dog _____
Breed _____
Color _____
Rabies Vac. Date _____
Expiration Date _____
Vet or Clinic Name _____

Name of Dog _____
Breed _____
Color _____
Rabies Vac. Date _____
Expiration Date _____
Vet or Clinic Name _____

Check one: ☐ Male
☐ Neutered Male
☐ Female
☐ Spayed Female

Check one: ☐ Male
☐ Neutered Male
☐ Female
☐ Spayed Female

FOR OFFICE USE ONLY (DOG LIC -100-00-44200-000)

License No _____
Date _____

License No _____
Date _____