

# Town of Grant

## DOG NOTICE & APPLICATION – 2019

If you own a dog, or have renters that own a dog, I'd like to take this opportunity to share an important message about Dog Licensing (Landlords - we rely on YOU to inform your renters about the dog license requirements)!

State Statute 174.05, Portage County Animal Control Ordinance, and Town of Grant Dog Ordinance **REQUIRE EVERY DOG OVER THE AGE OF 5 MONTHS TO BE LICENSED.**  
**CURRENT LICENSES EXPIRE DECEMBER 31, 2018.**

FAILURE TO OBTAIN A LICENSE OR HAVE A DOG VACCINATED AGAINST RABIES IS **\$169.00 to \$263.50**. The Town of Grant works closely with Portage County Humane Society (agency responsible for the enforcement of animal control) to insure compliance of the laws.

For each dog requiring licensing at your residence or rental you must provide (either send or bring to me) a copy of its current rabies certificate. If you are sending for a license, you must include the following items or a license will not be mailed:

1. Rabies Certificate with dates and Serum Number (if your dog is currently licensed and the shots are still in effect) you do not have to send #1 or #2 because they should already be in my computer).
2. Proof of dog having been neutered or spayed.
3. Fees (below) [Note: Late fee of \$10.00 per dog for application after April 1, 2019].

Mail to: Diana Luecht, Treasurer  
8811 90<sup>th</sup> St. So.  
Wisconsin Rapids, WI 54494

[Note: if paying in person or with questions  
please call ahead at 715-325-3134]

\* I allowed for 3 dogs on this form. If you have more please feel free to copy this form



Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ E-Mail \_\_\_\_\_

**Dog**

**#1**

**#2**

**#3**

Dog(s) Names \_\_\_\_\_

Breed(s) \_\_\_\_\_

Color \_\_\_\_\_

Date(s) Vaccinated \_\_\_\_\_

Expiration Date(s) \_\_\_\_\_

Manufacture of Vaccine \_\_\_\_\_ Lot/S/N of Vaccine \_\_\_\_\_

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

Male Neutered \$10.00 \_\_\_\_\_ Male \$20.00 \_\_\_\_\_ Female Spayed \$10.00 \_\_\_\_\_ Female \$20.00 \_\_\_\_\_ Mult \$75.00 \_\_\_\_\_

Please mark with an "X" Yes \_\_\_\_\_ send back my veterinary information or No \_\_\_\_\_ it's a copy.

Additional Late Fee Per Dog (after April 1<sup>st</sup>) \$10.00 \_\_\_\_\_ Total Enclosed \$ \_\_\_\_\_