

DOG TAG ANNUAL APPLICATION

Owner's name: _____

Address: _____

Telephone: _____

List your Vet/clinic: _____

Pet's Name: _____

Color: _____

Breed: _____

Date of rabies vaccination _____ Expiration date _____

_____ MALE \$30.00

_____ FEMALE \$30.00

_____ NEUTERED MALE \$5.00

_____ SPAYED FEMALE \$5.00

LATE CHARGE \$10.00 PER LICENSE / PER MONTH

*To avoid this added late fee, license must be purchased prior to April 1st of each year.
NOTE: If you are a new resident or acquired a new pet this late charge does not apply to you.*

1. Complete this form and include a stamped self-addressed envelope to receive your tag.
2. Include copy of current rabies vaccination records (this will be returned).
3. Check payable to: TOWN OF PITTSFIELD Date paid _____ Check # _____

Mail to: TOWN OF PITTSFIELD

Sandra (Sandy) Harrig
5920 Town Hall Dr.
Pulaski, Wi 54162-8920

Telephone -----920-822-3073
Fax ----- 920-822-5993
email-----harrigsm@netnet.net

TOWN OF PITTSFIELD ORDINANCE REQUIRES A PRIVATE KENNEL LICENSE
BE OBTAINED WHEN 4 OR MORE DOGS ARE KEPT.

Revised date 11/12/2013