

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



Crossroads with a Future

License Fees (Valid January 1 to December 31)

Neutered/Spayed \$10.00 x _____ \$ _____
NOT Neutered/Spayed \$15.00 x _____ \$ _____
Mailing License Fee - if applicable \$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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 Attach copy proof of spay/neuter

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 (DOGLC - 01-433.2)

License No _____
Date _____

License No _____
Date _____