



# TOWN OF LAFAYETTE – DOG LICENSE APPLICATION

PHONE 715 723-7692 ~ 5765 197<sup>TH</sup> ST., CHIPPEWA FALLS WI 54729

## OWNER INFORMATION

Owner Name \_\_\_\_\_

Street \_\_\_\_\_

City/St/Zip \_\_\_\_\_

Phone \_\_\_\_\_

MAKE CHECK PAYABLE TO **TOWN OF LAFAYETTE**

**Mail: Application, Payment, Rabies Certificate,  
and self- addressed stamped envelope to:**

TOWN OF LAFAYETTE

5765 197<sup>th</sup> Street, Chippewa Falls, WI 54729

**Any dog five months or older requires a dog license.** The license year runs from January 1 to December 31. All dog licenses are renewable on January 1<sup>st</sup> each year. Licenses are not transferable or refundable. It is the resident's responsibility to license their dog. There is a \$ 5.00 late fee after March 31<sup>st</sup> of each year. **WRITTEN PROOF OF CURRENT RABIES VACCINATION** must be submitted with this license application before any license will be issued.

<b>GENDER</b>	<b>FEE</b>
Neutered Male	\$ 11.00
Spayed Female	\$ 11.00
Male	\$ 16.00
Female	\$ 16.00

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ FEE \_\_\_\_\_

Rabies vaccination date: \_\_\_\_\_ to \_\_\_\_\_

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ FEE \_\_\_\_\_

Rabies vaccination date: \_\_\_\_\_ to \_\_\_\_\_

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ FEE \_\_\_\_\_

Rabies vaccination date: \_\_\_\_\_ to \_\_\_\_\_

Pet Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ FEE \_\_\_\_\_

Rabies vaccination date: \_\_\_\_\_ to \_\_\_\_\_

**TOTAL FEE ENCLOSED:** \_\_\_\_\_