

**STATE OF WISCONSIN, WASHINGTON COUNTY
TOWN OF HARTFORD DOG LICENSE APPLICATION**

OFFICE USE Paid with taxes
 Cash Check # _____

Every person who owns, harbors or keeps a dog that is more than five months old in the Town of Hartford must license the dog(s).

NOTE: IF THE DOG NO LONGER LIVES IN THE TOWN OF HARTFORD, COMPLETE AFFIDAVIT ON THE BACK SIDE OF FORM

Owner(s)/Keeper(s) of dog(s): _____ ()
Last Name First Name Phone Number (REQUIRED)

Address _____
Street City Zip Code

Indicate change of ownership Yes No If yes, previous owner(s): _____

I certify that the attached rabies information is true and correct (signature required to issue license)

Dog owner Signature: _____ Date: _____

ATTACH A COPY OF RABIES CERTIFICATE FOR EACH DOG

Wis Stats. §174.07 requires that a copy MUST BE provided each year, even if the information has not changed

DOG #1	<input type="checkbox"/> New	Dog Name _____			
	<input type="checkbox"/> Renewal	Breed _____	Color _____		
Veterinary Name/Clinic: _____		Vet Phone Number: () _____			
Rabies Info:		Tag No: _____	Expiration: _____		
Type of Dog:	<input type="checkbox"/> Male \$15.00	<input type="checkbox"/> Neutered \$10.00	<input type="checkbox"/> Female \$15.00	<input type="checkbox"/> Spayed \$10.00	

DOG #2	<input type="checkbox"/> New	Dog Name _____			
	<input type="checkbox"/> Renewal	Breed _____	Color _____		
Veterinary Name/Clinic: _____		Vet Phone Number: () _____			
Rabies Info:		Tag No: _____	Expiration: _____		
Type of Dog:	<input type="checkbox"/> Male \$15.00	<input type="checkbox"/> Neutered \$10.00	<input type="checkbox"/> Female \$15.00	<input type="checkbox"/> Spayed \$10.00	

DOG #3	<input type="checkbox"/> New	Dog Name _____			
	<input type="checkbox"/> Renewal	Breed _____	Color _____		
Veterinary Name/Clinic: _____		Vet Phone Number: () _____			
Rabies Info:		Tag No: _____	Expiration: _____		
Type of Dog:	<input type="checkbox"/> Male \$15.00	<input type="checkbox"/> Neutered \$10.00	<input type="checkbox"/> Female \$15.00	<input type="checkbox"/> Spayed \$10.00	

Additional Dog Licenses can be obtained from the Town of Hartford Website (www.townofhartfordwi.gov)

Late fees after April 1st (\$10.00 per dog): _____	Total enclosed: _____
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Make check payable to **Town of Hartford**. Include **application, copy(s) of rabies certificate(s), payment, & self addressed stamped envelope**

Mail to:
 Town of Hartford
 3360 Hwy K
 Hartford, WI 53027

Submit in person or place in drop box at:
 Town of Hartford
 3360 Hwy K
 Hartford, WI 53027

For questions, contact Treasurer, at 262.673.7214 Ext 7000 or treasurer@townofhartfordwi.gov

AFFIDAVIT

Complete, sign, and return to Town of Hartford Treasurer

Name of dog: _____

A 20___ dog license is not required by listed owner for last year's licensed dog because:

- Dog is deceased
- Dog ownership was transferred or has moved to:

Name: _____

City/Town/Village: _____

Name of dog: _____

A 20___ dog license is not required by listed owner for last year's licensed dog because:

- Dog is deceased
- Dog ownership was transferred or has moved to:

Name: _____

City/Town/Village: _____

Name of dog: _____

A 20___ dog license is not required by listed owner for last year's licensed dog because:

- Dog is deceased
- Dog ownership was transferred or has moved to:

Name: _____

City/Town/Village: _____

Signature: _____

Print Name: _____

Penalties, Fees and Court Costs may be imposed by Governing Agencies for violation of dog licensing laws. Current Rabies information must be submitted before a dog license can be issued. A \$10.00 late fee shall be collected (when applicable) from owners of dogs not licensed by April 1st of each year.