

**Town of Jackson**  
**APPLICATION FOR DOG LICENSE**  
**(PLEASE PRINT – ALL INFORMATION IS REQUIRED)**

Per Wisconsin State Statutes every person who owns, harbors, or keeps a dog that is more than five months old in the Town of Jackson, must license the dog(s) by March 31, or within 30 days from the date such dog becomes 5 months of age. Please fill out this form completely. **State law requires that proof of current rabies information must be provided in order to obtain a dog license.** This includes the rabies vaccine manufacturer, the vaccine serial number, the rabies expiration date and the veterinarian/veterinary clinic. All dogs more than five months old must be vaccinated against rabies.

A \$5.00 late fee shall be collected for every dog not licensed as of April 1<sup>st</sup> of each year or within 30 days of acquiring ownership of a licensable dog, or if the owner failed to obtain a license on or before the dog reached licensable age (per Chapter 174, Wisconsin State Statutes).

Name of owner(s)/keeper(s) of dog: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street City Zip Code

Phone #: \_\_\_\_\_

**Dog owner signature:** \_\_\_\_\_  
TESTIFYING AS TO ACCURACY OF INFORMATION PROVIDED

**\*\*\*In the event the dog has died, is no longer living in the Town of Jackson, or you are no longer the owner, please fill out the affidavit on the reverse side stating the circumstances and return the affidavit to the Town address listed below so we can remove them from our list.**

**FEES: Spayed or Neutered \$7.00/dog Intact \$12.00/dog**  
**\*\*\*\*\* After April 1: Late fee is an additional \$5.00 per dog \*\*\*\*\***

**PET INFORMATION**

Dog Name	Gender M or F	Spayed or Neutered? Y or N	Breed	Color	Veterinarian	License Fee	+ Late Fee \$5

**TOTAL FEES DUE \$** \_\_\_\_\_

**Make check payable to: Town of Jackson**  
**Dog License fee MAY NOT be combined with tax payment**

You can obtain your license(s) in-person, drop box, or mail your completed form, rabies certificate and check/cash to: **Town of Jackson, Attn Treasurer, 3146 Division Rd, Jackson, WI 53037**

**If you mail or place in drop box, please enclose a self-addressed envelope with sufficient postage for return of license(s) and tag(s).**

**AFFIDAVIT**

**RETURN TO LICENSING OFFICIAL**

*Please fill out completely and sign if applicable.*

**Name of dog:** \_\_\_\_\_

**A 20\_\_ dog license is not required by listed owner for last year's licensed dog due to:**

**Dog is deceased**

**Dog ownership was transferred or has moved to:**

**Name:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Print name of owner:** \_\_\_\_\_