


**2021 DOG LICENSE REQUIREMENTS**

**Dog Licenses**- According to Section 174.05 of the Wisconsin Statutes, the owner of a dog more than 5 months of age on January 1<sup>st</sup> of any year, or 5 months of age within the license year, shall annually, on or before the date the dog becomes 5 months of age, pay the dog license fee and obtain a license. The collecting official shall assess and collect a late fee of \$5.00 from every owner of a dog 5 months of age or over, if the owner failed to obtain a license prior to 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.

Section 95.21(2)(a) of Wisconsin Statutes requires that the owner of a dog shall have the dog vaccinated against rabies by a veterinarian within 30 days after the dog reached 4 months of age and revaccinated within one year after the initial vaccination. The owner of a dog shall have the dog revaccinated against rabies by a veterinarian before the date that the immunization expires as stated on the certificate of vaccination, or, if no date is specified, within three years after the previous vaccination.

Application form online (see forms & permits), and to pay online (see online payments) available on Village website. [www.VillageofSolonSprings.com](http://www.VillageofSolonSprings.com). If paying by check or cash, please mail in form or drop off at the Village of Solon Springs Office or drop box. **Each year a rabies CERTIFICATE MUST accompany your dog license payment, made payable to Village of Solon Springs/ PO Box 273 / Solon Springs, WI 54873.** A certified dog tag will be mailed back to you.

**VILLAGE OF SOLON SPRINGS, DOUGLAS COUNTY, DOG LICENSE APPLICATION**

Owner Name \_\_\_\_\_  
 Residing Address \_\_\_\_\_  
 Mailing Address (if different than above) \_\_\_\_\_  
 Contact Number \_\_\_\_\_

Name of Dog	Neutered Male Tag \$3.00	Male Tag \$8.00	Spayed Female Tag \$3.00	Female Tag \$8.00	Color of Dog	Breed

**Owner to complete required information below.**

The above dog \_\_\_\_\_ was/were vaccinated against rabies on \_\_\_\_\_.  
 Vaccine Mfg. \_\_\_\_\_ Serial # \_\_\_\_\_ Expiration Date \_\_\_\_\_.

The above dog \_\_\_\_\_ was/were vaccinated against rabies on \_\_\_\_\_.  
 Vaccine Mfg. \_\_\_\_\_ Serial # \_\_\_\_\_ Expiration Date \_\_\_\_\_.

**Internal Office Use:**

Dog Name	Tag Number Issued	Total Paid	Check # or Payment Type	Deposit Date