



**CITY OF OWEN**  
 833 W 3<sup>RD</sup> ST / PO Box 67  
 Owen, WI 54460  
 (715) 229-2404

## 2023 DOG LICENSES

Please note that dog licenses are **DUE on January 1<sup>st</sup>** for the 2023 licensing year. Mail your form with the rabies certificate so that Fido can have his yearly license! If your dog is not licensed by April 1, 2023, a \$5.00 late penalty (per dog) will be added to the above fees. In addition, a citation could be issued to you by the Owen Police Department for failure to license your dog.

Therefore, please notify the Clerk's Office if you no longer own a dog so we can take them off the list.

Please make your check to: **The City of Owen**

Please do not add other payments such as taxes or utilities to this payment.

License fees are as follows: **Unaltered Males/Females \$15.00** or **Neutered/Spayed \$10.00**

**Please include copy of Rabies Certificate with payment.** Proof of rabies vaccine certificate showing name of Vet, Dog name, and vaccine date, as well as expiration date is required before license can be issued, per state statutes. Please do not send a copy of the bill from your vet as it is not proof of the rabies certificate.

**\*\*\*MAXIMUM THREE DOGS ARE ALLOWED PER RESIDENCE BY CITY ORDINANCE\*\*\***

<p><b>Name of Dog #1:</b> _____</p> <p>Breed: _____</p> <p>Color: _____</p> <p>Date of Rabies Shot: _____</p> <p>Expiration Date: _____</p> <p>Rabies Tag No.: _____</p> <p>Vet or Clinic Name: _____</p> <p>License No. 2023- _____</p> <p><b>Check One:</b></p> <p>_____ Male/\$15      _____ Female/\$15</p> <p>_____ Neutered/\$10      _____ Spayed Female/\$10</p>	<p><b>Name of Dog #2:</b> _____</p> <p>Breed: _____</p> <p>Color: _____</p> <p>Date of Rabies Shot: _____</p> <p>Expiration Date: _____</p> <p>Rabies Tag No.: _____</p> <p>Vet or Clinic Name: _____</p> <p>License No. 2023- _____</p> <p><b>Check One:</b></p> <p>_____ Male/\$15      _____ Female/\$15</p> <p>_____ Neutered/\$10      _____ Spayed Female/\$10</p>
<p><b>Name of Dog #3:</b> _____</p> <p>Breed: _____</p> <p>Color: _____</p> <p>Date of Rabies Shot: _____</p> <p>Expiration Date: _____</p> <p>Rabies Tag No.: _____</p> <p>Vet or Clinic Name: _____</p> <p>License No. 2023- _____</p> <p><b>Check One:</b></p> <p>_____ Male/\$15      _____ Female/\$15</p> <p>_____ Neutered/\$10      _____ Spayed Female/\$10</p>	