STATE OF WISCONSIN
WAUKESHA, COUNTY

TOWN OF EAGLE
DOG LICENSE APPLICATION

OWNER:

First Name _____

Last Name _____

Address Number _____

Street Name _____

Mailing Address (if different from above)

_____

Telephone Number_____

CITY

DOUSMAN 53118 EAGLE 53119
MUKWONAGO 53149 NORTH PRAIRIE 53153
PALMYRA 53156

LICENSE # *(to be completed by Town of Eagle)*

_____ DOG #1 Fee $ _____

_____ DOG #2 Fee $ _____

_____ DOG #3 Fee $ _____

Amount Enclosed $_____ Check #_____
$_____ Cash

NOTICE

Per Wis. Stat. Sec. 174.07(1)(a) a dog license is necessary for the keeping of any dog over 5 months of age.

FEES

Spayed Female or Neutered Male: $8.00

Unaltered Male or Female: $12.00

LATE FEE-AFTER MAR 31, ADD $5 PER DOG

If applying by mail or drop box, include a self-addressed envelope with proper postage affixed.

Town of Eagle
820 E Main Street
PO Box 327
Eagle, Wisconsin 53119
www.townofeaglewi.us
Phone (262) 594-5800
Fax (262) 594-5820

CLERK CANNOT ISSUE LICENSES WITHOUT PROOF OF CURRENT RABIES VACCINATION

DOG: Name: _____
Neutered Male / Spayed Female / Male / Female
Color: _____
Breed: _____

The above dog was vaccinated against rabies on
Date _____ **Tag #**_____
Mfg. _____ **Serial #**_____
Expiration Date _____

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