

DOG TAG ANNUAL APPLICATION

Owner's Name: _____

Address: _____

Telephone: _____

Pet's Name: _____

Color: _____

Breed: _____

VET/CLINIC: _____

Rabies Vaccination Date Received

Expiration Date

Send required proof and your vet copy will be returned with dog tag and license receipt

Male or Female \$10.00

Neutered Male or Spayed Female \$5.00

Kennel Fee \$50.00

and \$5.00 each additional tag after 12 dogs

LATE CHARGE to avoid apply before April 1st \$10.00

(Late charge does not apply to someone moving into the area or if this is a new dog.)

*TOWN OF PITTSFIELD ORDINANCE REQUIRES A PRIVATE KENNEL LICENSE
BE OBTAINED WHEN 4 OR MORE DOGS ARE KEPT.*

Date paid _____ Check # _____ (payable to Town of Pittsfield)

PLEASE mail and include a stamped self-addressed envelope to receive your tag.

Town of Pittsfield

Sandy Harrig

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