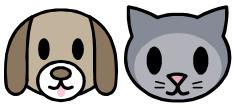

CITY OF RHINELANDER
Application for Dog/Cat License

Date: _____

Owner's Name_____

Owner's Address_____

City/Zip Code & Phone #_____

Name of Dog/Cat_____

Sex *(Please Check)* ☐Male ☐Neutered Male ☐Female ☐Spayed Female

Breed _____Age_____ Color _____

FEES: *(Please Check Appropriate Fee)*

☐$15.00 Male ☐$5.00 Neutered Male
☐$15.00 Female ☐$5.00 Spayed Female

PENALTIES: *A late fee of $5.00 shall be assessed against an owner who fails to obtain a license by April 1st of each year for each dog 5 months of age or older (subject to the provisions of Ch. 174, Wis. Stats., and such provisions and regulations as may be imposed by the State of Wisconsin at any time)*

THE FOLLOWING INFORMATION IS REQUIRED.
LICENSE WILL NOT BE ISSUED IF THIS INFORMATION IS NOT PROVIDED

The above dog/cat was vaccinated against rabies on _____ 20_____

Veterinarian_____ Vaccine Manufacturer/Producer_____

Vaccine Serial No. _____ Vaccine Expiration Date_____20_____

Owner's Signature_____ Date _____

Return with appropriate fee and self-addressed stamped envelope to:

City Clerk's Office
135 South Stevens Street * Rhinelander, WI 54501
715-365-8600 * tlassig@rhinelandercityhall.org * mstoll@rhinelandercityhall.org