



**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

**IF PAYMENT IS RECIEVED BETWEEN APRIL 1 AND DECEMBER 31**

- \$20.00 Male (\$15 + \$5 late fee)  \$10.00 Neutered Male (\$5 + \$5 late fee)
- \$20.00 Female (\$15 + \$5 late fee)  \$10.00 Spayed Female (\$5 + \$5 late fee)

**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 \_\_\_\_\_

**Submit this application with appropriate fee payable to "City of Rhineland" and a self-addressed, stamped envelope to:**

City Clerk's Office  
135 South Stevens St, Rhineland, WI 54501  
715-365-8600 \* clerk@rhinelandwi.us \* Rev 11/22