

VILLAGE OF HOBART

DOG LICENSE APPLICATION

DATE _____
NAME _____
ADDRESS _____
CITY _____ STATE ___ ZIP _____
PHONE # _____
NAME OF DOG _____
BREED OF DOG _____
AGE OF DOG _____ COLOR _____

FEES (Please Circle Appropriate Fee)

\$10.00 Male **\$5.00** Neutered Male **\$10.00** Female **\$5.00** Spayed Female

NOTE: A late fee of \$5 shall be assessed to the owner of each dog 5 months of age or older who fails to obtain a dog license by March 31 of the current year.

Mail this **FORM, FEES, a SELF-ADDRESSED, STAMPED ENVELOPE** and **RABIES VACCINATION CERTIFICATE** (*which will be returned to you with the tag in the envelope you provide*) to:

Village of Hobart
2990 S. Pine Tree Rd.
Hobart, WI 54155

If you have any questions please call the Village Business Office at 869-1011