

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)

\$20.00 Male **\$10.00** Neutered Male **\$20.00** Female **\$10.00** Spayed Female

NOTE: A late fee of \$10 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