

Village of Suring
Oconto County, WI
Dog License Application
Year: _____

Neutered Mal or Spayed Female:	\$ 3.00
Un-Neutered Male or Un-Spayed Female	\$ 8.00
Multi-Dog License (up to 12 dogs)	\$35.00 (per state statute)
Additional Dogs (each)	\$ 3.00

(Please attach separate sheets as needed)

<i>Make check payable to:</i>	VILLAGE OF SURING
<i>Drop off at village hall or Mail to:</i>	<i>P.O. Box 31</i>
	<i>Suring, WI 54174</i>

Licenses issued after April 1, will be subject to a \$5.00 late fee.

Any new dogs must be licensed on or before the date that the dog becomes 5 months of age.

You must provide a completed application, together with a current rabies vaccination certificate (or copy).

Ordinance 7-1-3 allows for three (3) dogs per household. Persons keeping more than three (3) dogs shall, instead of the license tax for each dog, apply for a “multiple” dog license. All dogs must have the required rabies vaccinations. Multiple dogs may only be located in residential areas following a public hearing and approval by the Village Board; the Board may attach conditions to such approval as a “conditional use” under the Village’s Zoning Code. All conditions of Ordinance 7-1-3 – MULTIPLE DOG LICENSES and State Statute 174 (Dogs) must be adhered to. Should any multiple dog license found to constitute a public nuisance, the license shall be revoked and the nuisance abated pursuant to Village ordinance.

A copy of the complete dog ordinance is available from the Village Clerk-Treasurer’s office or on-line at www.ci.suring.wi.us .

Multi-Dog License: **Hearing Date/Time:** _____

Notices to neighbors _____ **Notice to Newspaper:** _____

Dog Information

Name of Owner(s) _____
Address: _____

Phone #: _____
Name of DOG: _____
Breed: _____
Color: _____
Age: _____
Sex: Male Female Neutered Male Spayed Female

Rabies Vaccination Information

Date Vaccinated: _____
Expiration Date: _____
Rabies Tag No.: _____
Manufacturer name: _____
Manufacturer Serial #: _____
Name of Vet: _____
Vet's Phone #: _____

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Dog Information

Name of Owner(s) _____
Address: _____

Phone #: _____
Name of DOG: _____
Breed: _____
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Age: _____
Sex: Male Female Neutered Male Spayed Female

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Name of Vet: _____
Vet's Phone #: _____

Dog Information

Name of Owner(s) _____

Address: _____

Phone #: _____

Name of DOG: _____

Breed: _____

Color: _____

Age: _____

Sex: Male Female Neutered Male Spayed Female

Rabies Vaccination Information

Date Vaccinated: _____

Expiration Date: _____

Rabies Tag No.: _____

Manufacturer name: _____

Manufacturer Serial #: _____

Name of Vet: _____

Vet's Phone #: _____

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Dog Information

Name of Owner(s) _____

Address: _____

Phone #: _____

Name of DOG: _____

Breed: _____

Color: _____

Age: _____

Sex: Male Female Neutered Male Spayed Female

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Date Vaccinated: _____

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Dog Information

Name of Owner(s) _____

Address: _____

Phone #: _____

Name of DOG: _____

Breed: _____

Color: _____

Age: _____

Sex: Male Female Neutered Male Spayed Female

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Dog Information

Name of Owner(s) _____

Address: _____

Phone #: _____

Name of DOG: _____

Breed: _____

Color: _____

Age: _____

Sex: Male Female Neutered Male Spayed Female

Rabies Vaccination Information

Date Vaccinated: _____

Expiration Date: _____

Rabies Tag No.: _____

Manufacturer name: _____

Manufacturer Serial #: _____

Name of Vet: _____

Vet's Phone #: _____

Multi-Dog License Information

Address: _____

Size of Lot: _____

- Attach a copy of your lot –

Describe how you will provide living conditions for the dogs:

Fenced in area: Yes ___ No ___

If yes, size of area: _____

Shelter: _____

Waste Disposal plan: _____

Barking control plan: _____