



Price County Humane Officer Mindy Dabler
 mindy.dabler@pricecounty.wi.gov
 164 Cherry St; PO Box B
 Phillips, WI 54555
 tel. 715-339-3011 | fax. 715-339-4115
 Licensure
 trudy.kolar@pricecounty.wi.gov

OFFICE HOURS
 Mon - Fri: 8:30am - 4:00pm

DOG LICENSE APPLICATION AND RENEWAL FORM

Wisconsin State Statute 174.07(1)(a) and Price County Ordinance 223-20 require any dog over 5 months of age to be licensed with the local municipality in which the dog is kept.
Failure to obtain a license by April 1st will result in a \$5.00 Late Fee

- **Proof of Rabies Vaccination is required to license your dog.**
- Licensing dogs and securing the license tag to their collars assists in locating the owner if a dog is found out of the owner's control and assures a safe return.
- There will be a NSF fee of \$50 plus any bank fees in addition to the total amount due.

Online			
Go to the following site: www.doglicenses.us/WI/Price/ Click the "Renew License" link and log in using: Account ID: Password:			
1 Dog	Base Rate	Online Fee	Total
Spay/Neuter	\$15.00	\$2.25	\$17.25
Non-Altered	\$20.00	\$2.50	\$22.50
2 Dogs			
Spay/Neuter	\$30.00	\$3.00	\$33.00
Non-Altered	\$35.00	\$3.20	\$38.20
1 Spay/Neuter 1 Non-Altered	\$35.00	\$3.20	\$38.20
Multi-Dog			
3-12 Dogs	\$35.00	\$3.20	\$38.20
13+ Dogs	\$3.00 each additional		

By Mail	
Send Check by mail: Pay to the order of: Price County Sheriff's Office C/O Price County Humane Officer PO Box B Phillips, WI 54555	
1 Dog	Base Rate
Spay/Neuter	\$15.00
Non-Altered	\$20.00
2 Dogs	
Spay/Neuter	\$30.00
Non-Altered	\$35.00
1 Spay/Neuter 1 Non-Altered	\$35.00
Multi-Dog	
3-12 Dogs	\$35.00
13+ Dogs	\$3.00 each additional

In Person	
Visit Price County Sheriff's Office Mon-Fri-8:30 a.m. to 4:00 p.m. Pay to the order of: Price County Sheriff's Office 164 Cherry Street Phillips, WI 54555 Cash, Check or Credit Card	
1 Dog	Base Rate
Spay/Neuter	\$15.00
Non-Altered	\$20.00
2 Dogs	
Spay/Neuter	\$30.00
Non-Altered	\$35.00
1 Spay/Neuter 1 Non-Altered	\$35.00
Multi-Dog	
3-12 Dogs	\$35.00
13+ Dogs	\$3.00 each additional

----- Please verify the form below. If mailing, detach and complete the form and enclose with your payment. -----

Age		Sex (M/F)	Spay / Neut	Color										Breed	Dog Name	Microchip #	Rabies Expire (m/d/y)	Fee
YRs	MOs			BL	WH	GR	BD	TA	BR	YE	RE							

Color Codes: BL=Black; WH=White; GR=Gray; BD=Brindle;
 TA=Tan; BR=Brown; YE=Yellow; RE=Red
Owner Information



DONATE HERE ---->

Donation to Catkins Animal Rescue Inc	\$
Total Fees and Donation	\$

Name: _____
 Street Address: _____
 Mailing Address: _____
if different (e.g. PO Box)
 City: _____ State: _____ ZipCode: _____

Signature of Applicant _____
 Date Signed _____
 Phone 1 _____ Phone 2 _____
 Email _____