

**Town of Poygan
Dog License Application**

Owner's Name: _____

Address: _____

Home phone: _____ Cell Phone: _____

Dog's name: _____

Breed: _____

Color: _____

Sex: Male or Female

Neutered/Spayed: Yes (\$5) / No (\$10)

Submit with payment and copy of current Rabies Vaccine Certificate to

**Trina Herbst-Gutche
9065 County Road B
Winneconne, WI 54986**

Any questions please call Trina at 920-582-7458

*****Late fee of \$10.00 per dog for each license issued after April 1*****