

**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\*\*\*\*\*