



TERRI TREPTOW, JUNEAU COUNTY CLERK
220 E State St; Rm 112
Mauston, WI 53948
tel. 608-847-9300 | fax. 608-847-9402
jcclerk@juneaucountywi.gov
www.co.juneau.wi.gov

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

DOG LICENSE APPLICATION AND RENEWAL FORM

DUE DATE
April 1, 2024

It is time to register or renew a license for your dog.

If you no longer own your dog, please notify the Juneau County Clerk.

ON-LINE

Dog licenses may be purchased or renewed online at www.co.juneau.wi.gov/county-clerk1.html using the Account ID and Password below. Payments must be made with a credit card and a per license convenience fee will apply. Proof of current rabies vaccination is required for issuing. If the rabies vaccination information for your dog(s) is missing or expired, you may attach current rabies certificate(s) during check-out or email it to jcclerk@juneaucountywi.gov.

Account ID:

Password:

BY MAIL or DROP OFF

Please review the table and owner information below, verify owner information, street address, and pet description(s). Enclose the bottom portion of this notice in an envelope with rabies certificate(s) and a check payable to **Juneau County** and return to the Juneau County Clerk. For drop off, there is a drop box at the rear entrance of the courthouse. Please place this application with payment and rabies vaccination certificate in an enveloped labeled "County Clerk".

IN PERSON

Come to the Juneau County Clerk Office during office hours. Please bring this notice with you to verify owner information and dog description(s) as shown below and rabies certificate(s).

All dogs five months or older located within Juneau County must be licensed. Licenses are valid January 1st thru December 31 of each year. To avoid late fee, payments must be received by April 1, 2024. Please check the expiration date(s) of the rabies vaccination(s) on file as shown below and provide an updated certificate(s) if it is expired. If your dog is unable to have a rabies vaccination, please contact the Office of the Juneau County Clerk.

----- 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	TRI						
Color Codes: BL=Black; WH=White; GR=Gray; BD=Brindle; TA=Tan; BR=Brown; YE=Yellow; RE=Red; TRI=Tri																Total		

Owner Information

Name: _____

Street Address: _____

Mailing Address: _____
if different (e.g. PO Box)

City: _____ State: _____ ZipCode: _____

Signature of Applicant _____

Date Signed _____

Phone 1 _____ Phone 2 _____

Email _____