



PRICE COUNTY HUMANE OFFICER
 164 Cherry St; PO Box B
 Phillips, WI 54555
 tel. 715-339-3011 | fax. 715-339-4115
 dean.merlak@co.price.wi.us
 www.co.price.wi.us

OFFICE HOURS
 Mon - Fri: 7:30am - 3:30pm

DOG LICENSE APPLICATION AND RENEWAL FORM

DUE DATE
April 1, 2021

LICENSING FEES	
Altered (spayed or neutered)	\$15.00
Non-altered	\$20.00
Multi-dog, 2-12 dogs	\$35.00
Multi-dog, extra	\$3.00
Penalty after DUE DATE	+ \$5.00

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

If you no longer own your dog, please notify the Price County Humane Officer.

ON-LINE

Dog licenses may be purchased or renewed online at <https://co.price.wi.us/968/Humane-Officer> 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 dean.merlak@co.price.wi.us.

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 **Price County** and mail to the Price County Humane Officer.

IN PERSON

Come to the Price County Humane Officer 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 Price 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, 2021. 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 Price County Humane Officer.

----- 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																	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 _____