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**2025 DOG LICENSE APPLICATION: SUBMIT FEES AND PROOF OF RABIES CERTIFICATE**

This form is downloadable from the Town of Troy website: [www.troywalworthwi.gov](http://www.troywalworthwi.gov).

**\*\*Please pay license fee separately from property tax payments.** All dogs more than 5 months of age in the Town of Troy must have and wear a license tag by January 31st of each year or upon arrival in the Town limits. **Be sure to include a current rabies CERTIFICATE showing proof of rabies. When paying by mail, include a business sized, self-addressed, stamped envelope for return mailing of the license and tag.**

**FEES: (Exact amount of payment is required). Male or Female: Altered \$15.00      Unaltered \$33.00**

**Date:** \_\_\_\_\_ **Owners Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Dogs Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Male \_\_\_ Neutered \_\_\_ Female \_\_\_ Spayed \_\_\_

Veterinarian: \_\_\_\_\_ Date of Rabies Vaccination: \_\_\_\_\_ Rabies Expiration: \_\_\_\_\_

Dogs Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Male \_\_\_ Neutered \_\_\_ Female \_\_\_ Spayed \_\_\_

Veterinarian: \_\_\_\_\_ Date of Rabies Vaccination: \_\_\_\_\_ Rabies Expiration: \_\_\_\_\_

Dogs Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Male \_\_\_ Neutered \_\_\_ Female \_\_\_ Spayed \_\_\_

Veterinarian: \_\_\_\_\_ Date of Rabies Vaccination: \_\_\_\_\_ Rabies Expiration: \_\_\_\_\_

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**\*\*\*\*\* Official Use Only \*\*\*\*\***

Tag # /Dog Name \_\_\_\_\_ Tag #/Dog Name \_\_\_\_\_

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Check Total \_\_\_\_\_

Circle: NEW      RENEWAL      REPLACEMENT