



Dog License Application (New Dog)

License is valid for the calendar year, from Jan. 1 to Dec. 31

Please Complete/Sign This Form and Return It **Along with a Copy of the Rabies Certificate and Applicable Fees (cash or check) to the City Clerk's Office.**

Owner's Name: _____ Phone: _____

Address: _____ City/Zip: River Falls, WI 54022

County (circle one): Pierce / St. Croix Owner's Email: _____

Name of Dog: _____ Vet or Clinic Name: _____

Breed: _____ Color: _____ DOB: _____

Date of Rabies Shot: _____ Rabies Serial/Lot No.: _____ Rabies Exp. Date: _____

Owner's Signature: _____ Date: _____

Check payments should be made payable to The City of River Falls and mailed to:

Attn: City Clerk's Office • 222 Lewis Street • River Falls WI 54022

License Fees Are Cash or Check Only.

License Fees

(Dogs not previously licensed in River Falls)

Through June 30

- Male \$10.00
- Neutered Male \$5.00
- Female \$10.00
- Spayed Female \$5.00

After June 30

- Male \$5.00
- Neutered Male \$2.50
- Female \$5.00
- Spayed Female \$2.50

River Falls Dog Park

City of River Falls Dog Park Passes are issued at no charge for dogs licensed in the City of River Falls



Dog Park Passes will be mailed with the license tags and are valid for the calendar year.

FOR OFFICE USE ONLY

Tag # _____ County: Pierce / St Croix Pass # _____ Date of Issuance: _____