

Dog License and/or Kennel Application – Town of Holland, Brown County

Form DL-2020

Dogs and/or kennels are licensed for the calendar year. It is the requirement of owners to license all dogs each year (WI Stat.174) once they have reached five months of age. All dogs must have a current rabies shot. Tags are not transferrable to another dog.

Please read the Town of Holland Ordinance for dogs, both individual and kennel (www.holland-wi.us).

Fee Schedule

Kennel Fee

Four, and no more than twelve, dogs per address.
\$140 kennel fee

Individual Dog Fees

Non-spayed/non-neutered - \$10
Spayed / neutered - \$5

Contact Information

Town of Holland Treasurer, Gloria Kennedy
7928 St. Pat’s Church Rd.
Greenleaf, WI 54126
(920) 532-4797

Town of Holland website: www.holland-wi.us

Dog License Form for Individual and Kennel Dog Owners

Please fill out completely and return this form, along with correct fee, and veterinary rabies certification, to the Town of Holland Treasurer between December 1 and prior to April 1 for the year to be licensed.

License for year 20_____ Owner’s Name _____ Phone: _____

Address _____ Zip _____.

Is this application for a kennel? (Four, and no more than twelve dogs) Yes / No Kennel Fee: _____.

Please fill out the rest of the License Form for all of the dogs in your kennel and/or on your property. Kennel owners – leave the Fee line blank since you pay the lump-sum fee for kennels; also fill out page 3 of this license application. All dog owners should please refer to the Town of Holland’s **Dog & Kennel Ordinance 6A.05**.

Dog’s Name _____	Vaccine Expires: _____	Date Vaccine Given: _____
Circle One: Male / Female		Vaccine Expires: _____
Neutered or Spayed: Yes / No	Dog’s Name _____	
Fee _____	Circle One: Male / Female	Dog’s Name _____
Color: _____	Neutered or Spayed: Yes / No	Circle One: Male / Female
Breed: _____	Fee _____	Neutered or Spayed: Yes / No
Rabies Vaccine Information:	Color: _____	Fee _____
Manufacturer: _____	Breed: _____	Color: _____
Vaccine Serial #: _____	Rabies Vaccine Information:	Breed: _____
Date Vaccine Given: _____	Manufacturer: _____	Rabies Vaccine Information:
	Vaccine Serial #: _____	Manufacturer: _____

Vaccine Serial #: _____

Date Vaccine Given: _____

Vaccine Expiration: _____

Dog's Name _____

Circle One: Male / Female

Neutered or Spayed: Yes / No

Fee _____

Color: _____

Breed: _____

Rabies Vaccine Information:

Manufacturer: _____

Vaccine Serial #: _____

Date Vaccine Given: _____

Vaccine Expires: _____

Dog's Name _____

Circle One: Male / Female

Neutered or Spayed: Yes / No

Fee _____

Color: _____

Breed: _____

Rabies Vaccine Information:

Manufacturer: _____

Vaccine Serial #: _____

Date Vaccine Given: _____

Vaccine Expiration: _____

Dog's Name _____

Circle One: Male / Female

Neutered or Spayed: Yes / No

Fee _____

Color: _____

Breed: _____

Rabies Vaccine Information:

Manufacturer: _____

Vaccine Serial #: _____

Date Vaccine Given: _____

Vaccine Expiration: _____

Dog's Name _____

Circle One: Male / Female

Neutered or Spayed: Yes / No

Fee _____

Color: _____

Breed: _____

Rabies Vaccine Information:

Manufacturer: _____

Vaccine Serial #: _____

Date Vaccine Given: _____

Vaccine Expiration: _____

Dog's Name _____

Circle One: Male / Female

Neutered or Spayed: Yes / No

Fee _____

Color: _____

Breed: _____

Rabies Vaccine Information:

Manufacturer: _____

Vaccine Serial #: _____

Date Vaccine Given: _____

Vaccine Expiration: _____

Dog's Name _____

Circle One: Male / Female

Neutered or Spayed: Yes / No

Fee _____

Color: _____

Breed: _____

Rabies Vaccine Information:

Manufacturer: _____

Vaccine Serial #: _____

Date Vaccine Given: _____

Vaccine Expiration: _____

Dog's Name _____

Circle One: Male / Female

Neutered or Spayed: Yes / No

Fee _____

Color: _____

Breed: _____

Rabies Vaccine Information:

Manufacturer: _____

Vaccine Serial #: _____

Date Vaccine Given: _____

Vaccine Expiration: _____

Dog's Name _____

Circle One: Male / Female

Neutered or Spayed: Yes / No

Fee _____

Color: _____

Breed: _____

Rabies Vaccine Information:

Manufacturer: _____

Vaccine Serial #: _____

Date Vaccine Given: _____

Vaccine Expiration: _____

Dog's Name _____

Circle One: Male / Female

Neutered or Spayed: Yes / No

Fee _____

Color: _____

Breed: _____

Rabies Vaccine Information:

Manufacturer: _____

Vaccine Serial #: _____

Date Vaccine Given: _____

Vaccine Expiration: _____

Additional Kennel Information:

Please review the Dog Kennel Ordinance found on the Town of Holland website (www.holland-wi.us), and supply the following information as required by the ordinance:

Include the location and distance of this kennel shelter(s) as it/they relate to adjacent neighboring residences:

Include the names and addresses of adjoining property owners, with proof of notification:

Include drawings and specifications for proposed shelters: