

TO ALL PROPERTY OWNERS AND RENTERS: **IF YOU ARE A DOG-OWNER PLEASE FILL OUT THIS FORM AND MAIL TO THE TOWN TREASURER(address below) WITH YOUR LICENSING PAYMENT** IF YOU ARE A RENTER THIS SHEET SHOULD BE RETURNED TO THE TREASURER WITH PAYMENT.

Dear Town Property Tax Payers:

If you would like to pay your taxes by mail, please make your check payable to "Town of Cooks Valley" and send to:

**Jan Thorson -Town Treasurer**  
**6386 148<sup>th</sup> Ave**  
**Bloomer, WI 54724**

If you have any questions, please call 715-829-3394.

**\*\*YOU MAY USE ONE CHECK FOR PROPERTY TAXES AND DOG LICENSING FEES; IF APPLICABLE\*\***

The State of Wisconsin Law requires all dogs to be properly licensed and vaccinated. Failure to license and vaccinate will result in additional fees and forfeitures.

This year's dog tax will be as follows:

<b>Neutered or spayed dog:</b>	Tax is <b>\$8.00</b>
<b>Intact male or female dog:</b>	Tax is <b>\$13.00</b>
<b>Kennel License</b>	Tax is <b>\$60.00</b>

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**DOG NUMBER 1**

**Name of Dog** \_\_\_\_\_ **Color** \_\_\_\_\_  
**Circle One: Male Female Neutered Male Spayed Female**  
**Breed** \_\_\_\_\_ **Rabies Vaccination Tag Number** \_\_\_\_\_  
**Date Vaccinated** \_\_\_\_\_ **Veterinarian's Name** \_\_\_\_\_  
**Veterinarian's License Number** \_\_\_\_\_  
**Your Address** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_  
**Town License Number (Jan fills in)** \_\_\_\_\_

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**DOG NUMBER 2**

**Name of Dog** \_\_\_\_\_ **Color** \_\_\_\_\_  
**Circle One: Male Female Neutered Male Spayed Female**  
**Breed** \_\_\_\_\_ **Rabies Vaccination Tag Number** \_\_\_\_\_  
**Date Vaccinated** \_\_\_\_\_ **Veterinarian's Name** \_\_\_\_\_  
**Veterinarian's License Number** \_\_\_\_\_  
**Your Address** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_  
**Town License Number (Jan fills in)** \_\_\_\_\_

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**(ADDITIONAL DOGS ON BACKSIDE)**

To assure that your dogs are properly identified please provide ALL OF THE ABOVE information: Please return or send this information when paying your property tax. Your help is appreciated.

Jan Thorson - Treasurer

**DOG NUMBER 3**

Name of Dog \_\_\_\_\_ Color \_\_\_\_\_  
Circle One : Male Female Neutered Male Spayed Female  
Breed \_\_\_\_\_ Rabies Vaccination Tag Number \_\_\_\_\_  
Date Vaccinated \_\_\_\_\_ Veterinarian's Name \_\_\_\_\_  
Veterinarian's License Number \_\_\_\_\_  
Your Address \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Town License Number (Jan fills in) \_\_\_\_\_

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**DOG NUMBER 4**

Name of Dog \_\_\_\_\_ Color \_\_\_\_\_  
Circle One: Male Female Neutered Male Spayed Female  
Breed \_\_\_\_\_ Rabies Vaccination Tag Number \_\_\_\_\_  
Date Vaccinated \_\_\_\_\_ Veterinarian's Name \_\_\_\_\_  
Veterinarian's License Number \_\_\_\_\_  
Your Address \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Town License Number (Jan fills in) \_\_\_\_\_

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**DOG NUMBER 5**

Name of Dog \_\_\_\_\_ Color \_\_\_\_\_  
Circle One: Male Female Neutered Male Spayed Female  
Breed \_\_\_\_\_ Rabies Vaccination Tag Number \_\_\_\_\_  
Date Vaccinated \_\_\_\_\_ Veterinarian's Name \_\_\_\_\_  
Veterinarian's License Number \_\_\_\_\_  
Your Address \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Town License Number (Jan fills in) \_\_\_\_\_

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Jan Thorson - Treasurer