

TOWN OF MOUNTAIN

KENNEL LICENSE APPLICATION

STATE OF WISCONSIN, OCONTO COUNTY

DATE \_\_\_\_\_

TOWN OF MOUNTAIN, Clerk.

KENNEL OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

NUMBER OF DOGS IN KENNEL \_\_\_\_\_ BREED \_\_\_\_\_

NUMBER OF DOGS WITH RABIES VACCINATION \_\_\_\_\_

\*\*all dogs over 5 months of age are required to be immunized against rabies  
Please provide documents on all dogs to be considered for Kennel License

LET IT BE KNOWN THAT THIS APPLICATION WILL BE CONSIDERED \_\_\_\_\_

TOWN OF MOUNTAIN BOARD MEETING. WISCONSIN STATUTES 174.053.  
Town Ordinance #17 Animal Control

COMMENTS:

TOWN BOARD REVIEWED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_.  
APPROVED / DENIED

\_\_\_\_\_  
TOWN OF MOUNTAIN, Clerk