



Price County Humane Officer Mindy Dabler
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164 Cherry St; PO Box B
Phillips, WI 54555
tel. 715-339-3011 | fax. 715-339-4115
Licensure
trudy.kolar@pricecounty.wi.gov

OFFICE HOURS
Mon - Fri: 8:30am - 4:00pm

DOG LICENSE APPLICATION AND RENEWAL FORM

Wisconsin State Statute 174.07(1)(a) and Price County Ordinance 223-20 require any dog over 5 months of age to be licensed with the local municipality in which the dog is kept.

**Failure to obtain a license by April 1st
will result in a \$5.00 Late Fee**

- **Proof of Rabies Vaccination is required to license your dog.**
- Licensing dogs and securing the license tag to their collars assists in locating the owner if a dog is found out of the owner's control and assures a safe return.
- There will be a NSF fee of \$50 plus any bank fees in addition to the total amount due.

Online

Go to the following site:
www.doglicenses.us/WI/Price/
Click the "Renew License" link and log in using:

Account ID:
Password:

1 Dog	Base Rate	Online Fee	Total
Spay/Neuter	\$15.00	\$2.25	\$17.25
Non-Altered	\$20.00	\$2.50	\$22.50
2 Dogs			
Spay/Neuter	\$30.00	\$3.00	\$33.00
Non-Altered	\$35.00	\$3.20	\$38.20
1 Spay/Neuter 1 Non-Altered	\$35.00	\$3.20	\$38.20
Multi-Dog			
3-12 Dogs	\$35.00	\$3.20	\$38.20
13+ Dogs	\$3.00 each additional		

By Mail

Send Check by mail:
Pay to the order of:
Price County Sheriff's Office
C/O Price County Humane Officer
PO Box B
Phillips, WI 54555

1 Dog	Base Rate
Spay/Neuter	\$15.00
Non-Altered	\$20.00
2 Dogs	
Spay/Neuter	\$30.00
Non-Altered	\$35.00
1 Spay/Neuter 1 Non-Altered	\$35.00
Multi-Dog	
3-12 Dogs	\$35.00
13+ Dogs	\$3.00 each additional

In Person

Visit Price County Sheriff's Office
Mon-Fri-8:30 a.m. to 4:00 p.m.
Pay to the order of:
Price County Sheriff's Office
164 Cherry Street
Phillips, WI 54555
Cash, Check or Credit Card

1 Dog	Base Rate
Spay/Neuter	\$15.00
Non-Altered	\$20.00
2 Dogs	
Spay/Neuter	\$30.00
Non-Altered	\$35.00
1 Spay/Neuter 1 Non-Altered	\$35.00
Multi-Dog	
3-12 Dogs	\$35.00
13+ Dogs	\$3.00 each additional

----- Please verify the form below. If mailing, detach and complete the form and enclose with your payment. -----

2026

Age		Sex (M/F)	Spay / Neut	Color								Breed	Dog Name	Microchip #	Rabies Expire (m/d/y)	Fee
YRs	MOs			BL	WH	GR	BD	TA	BR	YE	RE					

Color Codes: BL=Black; WH=White; GR=Gray; BD=Brindle;
TA=Tan; BR=Brown; YE=Yellow; RE=Red
Owner Information

Name: _____

Street Address: _____

Mailing Address: _____
if different (e.g. PO Box)

City: _____ State: _____ ZipCode: _____



DONATE HERE ---->

Donation to Price County Spay and Neutering	\$
Total Fees and Donation	\$

Signature of Applicant _____

Date Signed _____

Phone 1 _____ Phone 2 _____

Email _____