Dog License Application

City of Augusta, Eau Claire County

License Year January 1, 2026 to December 31, 2026

Name of Owner: _____

Address of Owner: _____

Phone Number: _____

Email address: _____

Name of Dog: _____

Color: _____

Breed: _____

Sex (circle one): Male Female Neutered Male Spayed Female

Name of Veterinary Clinic: _____

Rabies vaccination Tag Number: _____

Date vaccination given: _____

Date vaccination expiration: _____

Fee per dog: **$25.00 Unaltered** **$14.00 Spayed/Neutered**

Owners signature: _____ **Date:**_____