

DOG LICENSE APPLICATION

IF YOU OWN ANY DOGS, please return your dog license fee, **proof of rabies shot**, and this completed form to the local Treasurer. **IF YOU DO NOT OWN A DOG**, please check box, sign and return to the local Treasurer.

OWNER'S NAME: _____ DOG'S NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

(PROOF OF RABIES SHOT MUST BE INCLUDED. SUBJECT TO THE PROVISIONS OF CHAP. 174 OF THE STATUTES, AND SUCH PROVISIONS AND REGULATIONS AS MAY AT ANYTIME BE IMPOSED BY THE STATE OF WISCONSIN).

TYPE	FEE	BREED	COLOR	RABIES SHOT DATE GIVEN	RABIES SHOT DATE EXPIRES	VACCINE MFG.	SERIAL NUMBER
NEUTERED MALE	\$7.00						
MALE	\$12.00						
SPAYED FEMALE	\$7.00						
FEMALE	\$12.00						

I DO NOT CURRENTLY OWN A DOG. _____

SIGNATURE

DATE

LOCAL TREASURER'S INITIALS DATE