

DOG LICENSE APPLICATION

MALE OR FEMALE
NEUTERED OR SPAYED

\$9.00
\$4.00

OWNER: _____
ADDRESS: _____
TELEPHONE # _____

SEX(CIRCLE ONE)	DOG#1		DOG#2		DOG#3	
	NEUTERED SPAYED	MALE FEMALE	NEUTERED SPAYED	MALE FEMALE	NEUTERED SPAYED	MALE FEMALE
DOGS NAME	_____		_____		_____	
COLOR	_____		_____		_____	
BREED	_____		_____		_____	
RABIES(SHOT DATE)	_____		_____		_____	
EXPIRATION DATE	_____		_____		_____	
RABIES TAG#	_____		_____		_____	
			TOTALS \$		_____	

I CERTIFY THAT THE ABOVE DOG(S) RECEIVED THEIR RABIES VACCINATION.

_____ YOUR SIGNATURE

MAKE CHECK PAYABLE TO: TOWN OF WAYNE

MAIL APPLICATION AND CHECK TO:
GERALD SCHULZ
5520 HWY D
WEST BEND, WI 53090