DOG LICENSE APPLICATION

OWNER: _____

ADDRESS: _____TELEPHONE: _____

	DOG #1		DOG #2		DOG #3	
(Circle 1)	Neutered or Spayed	$5.00	Neutered or Spayed	$5.00	Neutered or Spayed	$5.00
(Circle 1)	**NOT** Neutered or **NOT** Spayed	$10.00	**NOT** Neutered or **NOT** Spayed	$10.00	**NOT** Neutered or **NOT** Spayed	$10.00
Sex (Circle 1)	Male	Female	Male	Female	Male	Female
Dogs Name						
Breed						
Color						
Veterinarian						
Expiration Date						
Vaccination Mfr						
Rabies Tag #						

TOTAL $: _____

I certify that the above dog(s) received their rabies vaccination

Signature: _____Date: _____

Make checks payable to: Town of Wayne

Mail application and check to: Gerald Schulz, 5520 Hwy D, West Bend, WI 53090

Revised 11/11/2026