

DOG LICENSE APPLICATION:

UNNEUTERED MALE OR UNSPAYED FEMALE \$9:00
NEUTERED OR SPAYED \$4:00

OWNER _____ ADDRESS _____
TELEPHONE # _____

	DOG #1		DOG # 2		DOG # 3	
SEX:(CIRCLE 1)	NEUTERED	MALE	NEUTERED	MALE	NEUTERED	MALE
	SPAYED	FEMALE	SPAYED	FEMALE	SPAYED	FEMALE
FEE: (CIRCLE 1)	\$4:00	\$9:00	\$4:00	\$9:00	\$4:00	\$9:00
DOGS NAME	_____		_____		_____	
BREED	_____		_____		_____	
COLOR	_____		_____		_____	
VETERINARIAN	_____		_____		_____	
EXPERATION DATE	_____		_____		_____	
VACCINATION MFR	_____		_____		_____	
RABIES TAG #	_____		_____		_____	

TOTAL\$ _____

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

_____ YOUR SIGNATURE

TAXNOTE118WPS

SEND TO

GERALD SCHULZ
5520 HWY D
WEST BEND, WI.53090

ENCLOSE A SELF ADDRESSES STAMPED ENVELOPE PLEASE

