TOWN OF WAYNE
GERALD J SCHULZ, TREASURER
TELEPHONE 262-629-5416 5520 CTY HWY D
WEST BEND, WI. 53090.

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IF ORDERING BY MAIL – INCLOSE A SELF ADDRESSED STAMPED ENVELOPE

NOTE CHANGE IN DOG LICENSE FEE

DOG LICENSE APPLICATION: UNNEUTERED MALE OR UNSPAYED FEMALE **$10.00**
NEUTERED OR SPAYED **$5:00**

OWNER_____ ADDRESS_____
TELEPHONE # _____ _____

	DOG #1		DOG # 2		DOG # 3	
SEX:(CIRCLE 1)	NEUTERED SPAYED	MALE FEMALE	NEUTERED SPAYED	MALE FEMALE	NEUTERED SPAYED	MALE FEMALE
FEE: (CIRCLE 1)	$5:00	$10:00	$5:00	$10.00	$5:00	$10:00
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 DOGLICENSE-26