

APPLICATION FOR DOG LICENSE

Owner's Name _____

Owner's Address _____

Name of Dog _____

Sex (Circle One below):

Male Female

Neutered Male Spayed Female

Breed _____

Color _____

Date of Rabies Vaccination: _____

Date Due: _____

Vaccine Manufacturer: _____

Serial #: _____

This information is listed on your receipt from your veterinarian. I must have all of this information in order to issue the license!

Current License Fees: Neutered Male or Spayed Female = \$5.00

Non-Neutered Male or non-Spayed Female = \$15.00

If you have any questions, please contact the Woodboro Town Treasurer at (715) 282-6507 ext. 2