

# APPLICATION FOR DOG LICENSE

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

\_\_\_\_\_

Name of Dog \_\_\_\_\_ Sex    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 this information in order to issue the license!**

**Current License fees:**    neutered male or spayed female = **\$3.00**  
non- neutered male or non-spayed female = **\$8.00**

For questions contact Woodboro Town Treasurer at 715 282 5607 ext 2