

STATE OF WISCONSIN

DOG LICENSE FOR 2017

NUMBER _____

DANE COUNTY – TOWN OF DANE

PLEASE RETURN THIS FORM WITH YOUR PAYMENT TO RECEIVE A DOG LICENSE:

NAME OF DOG: _____

MALE _____

NEUTERED MALE _____

FEMALE _____

SPAYED FEMALE _____

COLOR: _____

BREED: _____

PHONE: _____

EXPIRATION DATE OF SHOT: _____ VET: _____

LICENSE GOOD FOR ONE YEAR FROM THE FIRST DAY OF JANUARY 2017 TO THE 31ST DAY OF DECEMBER 2017 TO KEEP ONE DOG AS DESCRIBED ABOVE WITHIN THE LIMITS OF THE ABOVE MUNICIPALITY.

VACCINE TAG # _____ THE REQUIRED LICENSE FEE OF \$ _____ HAVING BEEN PAID TO THE UNDERSIGNED TREASURER.

PAID _____: SIGNED _____ TREAS,

TOWN OF DANE, 6598 STEVENSON ROAD, DANE WI 53529.

NAME _____

ADDRESS _____

STATE OF WISCONSIN

DOG LICENSE FOR 2017

NUMBER _____

DANE COUNTY – TOWN OF DANE, 6598 STEVENSON ROAD, DANE WI 53529

NAME OF DOG: _____

MALE _____

NEUTERED MALE _____

FEMALE _____

SPAYED FEMALE _____

COLOR: _____

BREED: _____

PHONE: _____

EXPIRATION DATE OF SHOT: _____ VET: _____

VACCINE TAG # _____ THE REQUIRED LICENSE FEE OF \$ _____ HAVING BEEN PAID.

DATE OF PAYMENT _____

NAME _____

ADDRESS _____
