

STATE OF WISCONSIN
WASHINGTON COUNTY

APPLICATION/LICENSE FOR DOG

Date ____/____/20__

Name-Owner/Keeper
of Dog _____ Phone _____
Last First

Address _____

City of HARTFORD Dog License No. _____
leave blank

Name of Dog _____ Color _____ Breed _____

RABIES TAG NO. _____ Male \$20.00 Female \$20.00

EXP. DATE ____/____/20__ Neutered \$10.00 Spayed \$10.00

Veterinary Name _____ Phone: _____

DOG OWNER SIGNATURE: _____

Signed verification of current rabies information as herein recorded.

BY THE UNDERSIGNED, THE REQUIRED FEE OF \$ _____ HAS BEEN RECEIVED FOR THIS 20 ____
DOG LICENSE ISSUED ON THE _____ DAY OF _____, 20____. () \$5.00 LATE FEE PAID.
See Back Side LICENSING OFFICIAL _____

A RABIES VACCINATION CERTIFICATE MUST ACCOMPANY THIS FORM!