

DOG LICENSE APPLICATION

USE SEPARATE FORM FOR EACH DOG (may be duplicated or Town Office has forms)
CURRENT RABIES VACCINATION INFORMATION IS REQUIRED. LICENSE
CANNOT BE ISSUED WITHOUT DATE OF LAST VACCINATION,
MANUFACTURER AND SERIAL NUMBER OF VACCINE – NOT TAG #.

******* IF MAILING APPLICATION, PLEASE INCLUDE PROPER FEE, COPY OF
RABIES CERIFICATION AND SELF ADDRESSED STAMPED ENVELOPE TO:
TOWN OF SPRINGFIELD, 6157 CTH P, DANE WI 53529**

OWNERS NAME _____
ADDRESS _____ Phone # _____
NAME OF DOG _____
COLOR _____ BREED _____ AGE _____
DATE RABIES SHOT GIVEN _____
DATE RABIES SHOT IS DUE _____
MANUFACTURER NAME _____ SERIAL # _____
SEX M(\$20) _____ F(\$20) _____ NM(\$15) _____ SF(\$15) _____
KENNEL (\$75) _____ (12 DOGS OR LESS-INDICATE M OR F, NM OR SF)
VETERINARIAN/CLINIC _____ PHONE # _____

(SUBJECT OF THE PROVISIONS OF CH. 174 OF THE STATUTES, AND SUCH PROVISIONS AND
REGULATIONS AS MAY AT ANYTIME BE IMPOSED BY THE **STATE OF WISCONSIN**)