**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 \_\_\_\_\_\_ F\_\_\_\_\_\_ SPAYED/NEUTERED: YES ($20) \_\_\_\_\_\_ NO ($25)\_\_\_\_\_\_\_

KENNEL ($80) \_\_\_\_\_\_(12 DOGS OR LESS-INDICATE M OR F, & SPAY/NEUTER STATUS)

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)