STATE OF WISCONSIN
WASHINGTON COUNTY
Town of KEWASKUM

APPLICATION/LICENSE FOR DOG
Date ____/____/____
Dog License No. _____
leave blank

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

Address _____

Name of Dog _____ Color _____ Breed _____

RABIES TAG NO. _____ ☐ Male $10.00 ☐ Female $10.00

EXP. DATE ____/____/____ ☐ Neutered Male $5.00 ☐ Spayed Female $5.00

Veterinary Name _____

DOG OWNER SIGNATURE: _____
Signed verification of current rabies information as herein recorded.

BY THE UNDERSIGNED, THE REQUIRED FEE OF $_____ HAS BEEN RECEIVED FOR THIS _____
DOG LICENSE ISSUED ON THE _____ DAY OF _____, _____. ( ) $20.00 LATE FEE PAID.
See Back Side LICENSING OFFICIAL _____