

DOG LICENSE APPLICATION

IF YOU OWN ANY DOGS, please return your dog license fee, proof of rabies shot, this completed form, and a SASE to the Town Treasurer. **IF YOU DO NOT OWN A DOG**, please check the box, sign and return to the Town Treasurer.

OWNER'S NAME _____ PHONE NUMBER _____
 ADDRESS _____

(Proof of Rabies shot must be included. Subject to the provisions of Chap. 174 of the Statutes, and such provisions and regulations as may at anytime be imposed by the State of Wisconsin.)

| | FEE | NAME | BREED | COLOR | RABIES SHOT DATES | | VACCINE | |
|---------------|---------|------|-------|-------|-------------------|---------|---------|---------|
| | | | | | GIVEN | EXPIRES | MFG. | SERIAL# |
| NEUTERED MALE | \$6.00 | | | | | | | |
| MALE | \$12.00 | | | | | | | |
| SPAYED FEMALE | \$6.00 | | | | | | | |
| FEMALE | \$12.00 | | | | | | | |

I do NOT currently own a dog. Signed _____ Date _____

Town Treasurer's Initials _____

Date _____

Checks payable to Town of Caledonia by January 31, 2010

MULTIPLE DOG LICENSE APPLICATION

IF YOU HAVE MULTIPLE DOGS, please return the appropriate fee, proof of rabies shot for all dogs over 4 months, this completed form, and a Self-Addressed-Stamped-Envelope to the Town Treasurer.

OWNER'S NAME _____ PHONE NUMBER _____
 ADDRESS _____

(Proof of Rabies shot must be included for all dogs over 4 months. Subject to the provisions of Chap. 174 of the Wisconsin Statutes, and such provisions and regulations as may at anytime be imposed by the State of Wisconsin.)

| # of Dogs Over 4 MONTHS | FEE | BREED | COLOR | RABIES SHOT DATES | | VACCINE | |
|-------------------------|---------|-------|-------|-------------------|--------|---------|----------|
| | | | | GIVEN | EXPIRE | MFG | SERIAL # |
| | \$35/12 | | | | | | |
| | @\$3>12 | | | | | | |
| | | | | | | | |
| | | | | | | | |

Town Treasurer's Initials _____

Date _____

Checks payable to Town of Caledonia by January 31, 2010