

Application for Dog/Cat License

OWNER'S NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

FEES:

Not Neutered or Spayed \$15.00

Neutered or Spayed \$10.00

***Proof of Rabies Vaccination is required.**

| NAME OF DOG/CAT | SEX | COLOR | BREED | VETERINARIAN OR CLINIC |
|-----------------|-----|-------|-------|------------------------|
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(Subject to the provisions of Chap. 174 of the Statutes and such provisions and regulations that may at anytime be imposed by the State of Wisconsin.)

REMIT A SEPARATE CHECK PAYABLE TO THE "CITY OF WISCONSIN DELLS" ALONG WITH COPIES OF RABIES VACCINATION CERTIFICATE(S) BY JANUARY 31st of EACH YEAR.

For those not paying in person, tags will be mailed to you.

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