

CITY OF SHEBOYGAN FALLS

DOG LICENSE FORM

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

OWNER'S PHONE: _____

DOG'S NAME: _____

BREED: _____

GENDER: (Please Check One)

_____ MALE

_____ FEMALE

_____ NEUTERED MALE

_____ SPAYED FEMALE

COLOR: _____

RABIES VACCINATION EXPIRATION DATE:

MUST INCLUDE COPY OF CURRENT RABIES CERTIFICATION & SELF ADDRESSED,
STAMPED ENVELOPE

COST: \$20.00 MALE/FEMALE
 \$15.00 NEUTERED MALE/SPAYED FEMALE
 \$5.00 LATE FEE AFTER MARCH 31ST

MAIL TO THE CITY CLERK AT
CITY OF SHEBOYGAN FALLS
375 BUFFALO ST, P. O. BOX 186
SHEBOYGAN FALLS, WI 53085-0186