

STATE OF WISCONSIN

DOG LICENSE FOR 2024

NUMBER \_\_\_\_\_

DANE COUNTY – TOWN OF DANE

PLEASE RETURN THIS FORM WITH YOUR PAYMENT TO RECEIVE A DOG LICENSE:

NAME OF DOG: \_\_\_\_\_

MALE \_\_\_\_\_

NEUTERED MALE \_\_\_\_\_

FEMALE \_\_\_\_\_

SPAYED FEMALE \_\_\_\_\_

COLOR: \_\_\_\_\_

BREED: \_\_\_\_\_

PHONE: \_\_\_\_\_

EXPIRATION DATE OF SHOT: \_\_\_\_\_ VET: \_\_\_\_\_

LICENSE GOOD FOR ONE YEAR FROM THE 1<sup>ST</sup> DAY OF JANUARY 2024 TO THE 31<sup>ST</sup> DAY OF DECEMBER 2024 TO KEEP ONE DOG AS DESCRIBED ABOVE WITHIN THE LIMITS OF THE ABOVE MUNICIPALITY.

VACCINE TAG # \_\_\_\_\_ THE REQUIRED LICENSE FEE OF \$ \_\_\_\_\_ HAVING BEEN PAID TO THE UNDERSIGNED TREASURER.

PAID \_\_\_\_\_: SIGNED \_\_\_\_\_ TREAS,

TOWN OF DANE, 6598 STEVENSON ROAD, DANE WI 53529.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

STATE OF WISCONSIN

DOG LICENSE FOR 2024

NUMBER \_\_\_\_\_

DANE COUNTY – TOWN OF DANE, 6598 STEVENSON ROAD, DANE WI 53529

NAME OF DOG: \_\_\_\_\_

MALE \_\_\_\_\_

NEUTERED MALE \_\_\_\_\_

FEMALE \_\_\_\_\_

SPAYED FEMALE \_\_\_\_\_

COLOR: \_\_\_\_\_

BREED: \_\_\_\_\_

PHONE: \_\_\_\_\_

EXPIRATION DATE OF SHOT: \_\_\_\_\_ VET: \_\_\_\_\_

VACCINE TAG # \_\_\_\_\_ THE REQUIRED LICENSE FEE OF \$ \_\_\_\_\_ HAVING BEEN PAID.

DATE OF PAYMENT \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_