

DUE: APRIL 1, 2019

DOG LICENSE FORM

OWNER'S NAME _____

ADDRESS _____

DOG'S NAME _____

IF YOU OWN A DOG, PLEASE
RETURN THIS FORM WITH
PAYMENT TO THE
VILLAGE TREASURER

LATE
FEE
\$5.00
per dog

**PROOF OF RABIES
SHOT MUST BE
INCLUDED!!!!**

RABIE SHOT INFO

DOG NAME(S)	COLOR	BREED	DATE GIVEN	DATE EXPIRES
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NEUTERED
MALE \$5.00

MALE \$10.00

SPAYED
FEMALE \$5.00

FEMALE \$10.00

RABIE
VACCINE MFG. _____
RABIE
SERIAL # _____

MAKE CHECKS PAYABLE TO THE VILLAGE OF LIVINGSTON

(SUBJECT TO THE PROVISIONS OF CHAP. 174 OF THE STATUES, AND SUCH PROVISIONS AND REGULATIONS MAY AT ANYTIME BE
IMPOSED BY THE STATE OF WISCONSIN)

OWNER'S SIGNATURE _____ DATE ____/____/____

TREASURERS SIGNATURE _____ DATE ____/____/____