

## DOG LICENSE APPLICATION

Name \_\_\_\_\_ Address \_\_\_\_\_

Name of dog \_\_\_\_\_ sex \_\_\_\_\_ color \_\_\_\_\_ breed \_\_\_\_\_

Date of Rabies Vaccine \_\_\_\_/\_\_\_\_/\_\_\_\_ Mfg. Of Vaccine \_\_\_\_\_ Vaccine serial No. \_\_\_\_\_

Vaccine Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Vaccine Tag No. \_\_\_\_\_

DOG LICENSING TAKES PLACE FROM JANUARY 1 THROUGH APRIL 1

FAILURE TO LICENSE YOUR DOGS BEFORE APRIL 1 WILL SUBJECT YOU TO ADDITIONAL FEES.

Please make checks payable to:	Village of Merton	<b>SPAYED/NEUTERED</b>	<b>\$7.00</b>
	P.O. Box 13	<b>NON SPAYED/NEUTERED</b>	<b>\$12.00</b>
	Merton, WI 53056		

**PLEASE CONTACT OUR OFFICE IF YOUR DOG IS DECEASED.**

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