
Town of Randall Dog License Application

Owner Name: _____ Owner Address: _____

Owner Phone Number: _____ Veterinarian/Clinic: _____

Name of Dog: _____ Breed: _____ Color: _____

___ Male \$8 ___ Neutered Male \$3 Date of Rabies Shot: _____ Expiration Date: _____

___ Female \$8 ___ Spayed Female \$3 Vaccine Mfg: _____ Serial #: _____

Return with a copy of your Vaccination Certificate, Self-addressed, stamped envelope to return your tag to you, and payment to:

Town of Randall, 34530 Bassett Road, Burlington, WI 53105

Any license purchased after March 31 must add a \$5 late fee to the total
