Application for Dog/Cat License

OWNER'S NAME			FE No.	FEES: Not Neutered or Spayed \$20.00	
ADDRESS				Neutered of Spayed \$20.00 Neutered or Spayed \$15.00 Late Fee \$5.00	
TELEPHONE NUMBER_			* <u>P</u> 1	roof of Rabies Vaccination is equired.	
NAME OF DOG/CAT	SEX COLOR		BREED	VETERINARIAN OR CLINIC	
the State of Wisconsin.) REMIT A SEPARATE CH	<u>IECK</u> PAY	ABLE TO THE "	CITY OF WISCONSIN	ations that may at anytime be imposed by DELLS" ALONG WITH COPIES	
OF RABIES VACCINATION CERTIFICATE(S) BY JANUARY 31st of EACH YEAR. For those not paying in person, tags will be mailed to you.					
A	Applic	cation for	· Dog/Cat L	icense	
OWNER'S NAME				FEES: Not Neutered or Spayed \$20.00	
ADDRESS				utered or Spayed \$20.00 e Fee \$5.00	
TELEPHONE NUMBER_				roof of Rabies Vaccination is equired.	
NAME OF DOG/CAT	SEX	COLOR	BREED	VETERINARIAN OR CLINIC	

(Subject to the provisions of Chap. 174 of the Statutes and such provisions and regulations that may at anytime be imposed by the State of Wisconsin.)

REMIT A <u>SEPARATE CHECK</u> PAYABLE TO THE "CITY OF WISCONSIN DELLS" ALONG <u>WITH COPIES</u> <u>OF RABIES VACCINATION CERTIFICATE(S)</u> BY JANUARY 31st of EACH YEAR. For those not paying in person, tags will be mailed to you.