



Town of Jacksonport Dog License Registration Form

Submit **proof of rabies vaccination with your payment**. Copies will be returned with your dog license.

Check or cash accepted as payment.

Owner First and Last Name: _____

Address: _____

Phone: _____

Dog's Name: _____ Color: _____

Breed: _____

Sex:

Male – \$12

Female – \$12

Neutered Male – \$6

Spayed Female – \$6

I have enclosed my proof of rabies

Make check payable to: Town of Jacksonport

Mail to: Town Treasurer, Town of Jacksonport, 3365 County Rd V, Sturgeon Bay, WI 54235