



SISTER BAY DOG LICENSE REGISTRATION

Proof of Rabies Vaccination is required with this application.

Owner Name: _____

Address: _____

Phone: _____

Pet Name: _____

Pet Name: _____

Breed: _____

Breed: _____

Sex (circle): Male/Female

Sex (circle): Male/Female

Altered (circle): Yes/No

Altered (circle): Yes/No

Fees: Altered \$5.00
After April 1: Altered: \$30.00

Unaltered: \$10.00
Unaltered: \$35.00

For one (1) year, from January 1, 20__ to December 31, 20 ____, to keep the above described dogs within the limits of the above Municipality.

**Please return Application and Certificate of Vaccination to: Village of Sister Bay
2383 Maple Dr.
Sister Bay, WI 54234**

Questions – Please call Heidi at (920) 854-4118 or heidi.teich@sisterbaywi.gov

