



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

Fess: Altered \$5.00

Unaltered: \$10.00

After April 1: Altered: \$30.00

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 our office at (920) 854-4118 or info@sisterbaywi.gov

