



317 Wolf River Dr.
PO Box 278
Fremont, WI 54940
920-445-2411
villageoffremontwi.gov

Dog License Registration Form

Date: _____

License Year: 2026

Owner Information

- First Name: _____
- Last Name: _____
- Address: _____

- Phone Number: _____

Dog Information

- Dog's Name: _____
- Breed: _____
- Gender: _____ Spayed/Neutered: Y/N _____
- Color: _____ **\$3.00 Spayed/Neutered**

Rabies Vaccination Information

\$8.00 Non-Spayed/Non-Neutered

- Vaccination Date: _____
- Rabies Expiration Date: _____
- Rabies Tag Number: _____
- Veterinary Clinic: _____

Office Use Only

Tag # _____

License Expiration Date: _____

Amount Paid: _____

Method of Payment: Circle One

CASH

CHECK

MONEY ORDER

TELLER CHECK

CK # _____