

DOG LICENSE APPLICATION

PROOF OF VACCINATION MUST BE INCLUDED

Owner's Name:		Make checks payable to: VILLAGE OF SOMERSET PO BOX 356 SOMERSET, WI 54025	
Address:			
Telephone #:		Email:	
PAYMENT DUE BY JANUARY 31ST	Dog #1	Dog #2	Dog #3
DOG NAME			
COLOR			
BREED			
MALE	\$10.00		
NEUTERED MALE	\$5.00		
FEMALE	\$10.00		
SPAYED FEMALE	\$5.00		

Office Use Only

RABIES VACCINE MFG			
RABIES SERIAL #			
DATE GIVEN:			
DATE EXP:			
LICENSE NUMBER (Office Use Only)			

Date Paid

Cash/Check