

DOG LICENSE APPLICATION

2010

Name _____ Address _____

Name of dog _____ sex _____ color _____ breed _____

Date of Rabies Vaccine ____/____/____ Mfg. Of Vaccine _____ Vaccine serial No. _____

Vaccine Expiration Date ____/____/____ Vaccine Tag No. _____

FAILURE TO LICENSE YOUR DOGS BEFORE APRIL 1, 2010 WILL INDICATE TO US THAT YOUR DOG IS DELINQUENT IN ITS RABIES SHOT AND YOU SHALL BE SUBJECT TO A FINE AND A VISIT FROM THE WAUKESHA COUNTY SHERIFF'S DEPT DEPUTY TO LICENSE THEM.

Please make checks payable to: Village of Merton
262-538-0820 P.O. Box 13
Merton, WI 53056

SPAYED/NEUTERED \$7.00
NON SPAYED/NEUTERED \$12.00

PLEASE CONTACT OUR OFFICE IF YOUR DOG IS DECEASED

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