

**DOG LICENSE APPLICATION
JANUARY 1 THROUGH APRIL 1**

Owners
Name _____

Street Address _____

FIRST DOG:	Name of dog _____	color _____	breed _____			
	Circle One Box	<input type="checkbox"/> Neutered Male	<input type="checkbox"/> Spayed Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	\$ _____
	Date of Rabies Vaccine ____/____/____ Mfg. Of Vaccine _____ Vaccine serial No. _____					
	Vaccine Expiration Date ____/____/____ Vaccine Tag No. _____					
SECOND DOG:	Name of dog _____	color _____	breed _____			
	Circle One Box	<input type="checkbox"/> Neutered Male	<input type="checkbox"/> Spayed Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	\$ _____
	Date of Rabies Vaccine ____/____/____ Mfg. Of Vaccine _____ Vaccine serial No. _____					
	Vaccine Expiration Date ____/____/____ Vaccine Tag No. _____					
THIRD DOG:	Name of dog _____	color _____	breed _____			
	Circle One Box	<input type="checkbox"/> Neutered Male	<input type="checkbox"/> Spayed Female	<input type="checkbox"/> Male	<input type="checkbox"/> Female	\$ _____
	Date of Rabies Vaccine ____/____/____ Mfg. Of Vaccine _____ Vaccine serial No. _____					
	Vaccine Expiration Date ____/____/____ Vaccine Tag No. _____					

FAILURE TO LICENSE YOUR DOGS BEFORE APRIL 1 WILL SUBJECT YOU TO A FINE.			
Please make checks payable to: Village of Merton			
P.O. Box 13		SPAYED/NEUTERED	\$7.00
Merton, WI 53056		NON SPAYED/NEUTERED	\$12.00

**PLEASE CONTACT OUR OFFICE IF YOUR DOG IS DECEASED
PLEASE LEAVE YOUR NAME AND ADDRESS AT: 538-0820**