

DOG LICENSE APPLICATION

DECEASED

Name of Dog _____
Breed _____
Color _____ M F

Name _____
Address _____
City _____ Phone _____
State _____ Zip _____

Certificate of Rabies Vaccination MUST BE presented when obtaining a dog license.

Circle One	FEES*
Male	\$10.00 each
Neutered Male	\$5.00 each
Female	\$10.00 each
Spayed Female	\$5.00 each

After April 1, a \$5 late fee will be charged per dog
Separate check from tax payment

List any additional dogs on reverse side please

 **Enclose self addressed stamped envelope**

make check payable to:
TOWN OF SCHLESWIG

Mail to: **LAUREL VONDRACHEK**
Town of Schleswig Treasurer
12912 Hwy. 67, Kiel, WI 53042