

TOWN OF SIOUX CREEK DOG LICENSE INFORMATION 2018

IF YOU OWN A DOG, PLEASE COMPLETE THIS FORM AND RETURN IT TO THE TOWN OF SIOUX CREEK ALONG WITH THE PROPER FEE STATED BELOW.

****PLEASE NOTIFY ME IF YOUR DOG IS DECEASED OR YOU NO LONGER OWN IT OTHERWISE IT WILL BE NOTED AS UNPAID.**

NUMBER OF DOGS AT THIS ADDRESS _____.

OWNER NAME(S): _____

ADDRESS: _____

PHONE #: _____

DOG #1

Name: _____

	Neutered/ Spayed	Intact
Male		
Female		

Breed: _____

Color: _____

Rabies Vaccination Expiration Date: _____

DOG #2

Name: _____

	Neutered/ Spayed	Intact
Male		
Female		

Breed: _____

Color: _____

Rabies Vaccination Expiration Date: _____

DOG #3

Name: _____

	Neutered/ Spayed	Intact
Male		
Female		

Breed: _____

Color: _____

Rabies Vaccination Expiration Date: _____

DOG #4

Name: _____

	Neutered/ Spayed	Intact
Male		
Female		

Breed: _____

Color: _____

Rabies Vaccination Expiration Date: _____

If you have additional dogs, please add them to the back of this form.

****DOG LICENSE FEE: \$5.00 NEUTERED OR SPAYED \$10.00 UN-NEUTERED OR UN-SPAYED (INTACT)**

YOU NEED TO SEND A COPY OF YOUR DOG'S CURRENT RABIES VACCINATION CERTIFICATE IF THERE IS NOT A CURRENT ONE ALREADY ON FILE WITH THE TOWN. YOU MAY CALL TO VERIFY IF UPDATED RECORDS ARE NEEDED. NO TAGS WILL BE ISSUED UNTIL THE CORRECT INFORMATION IS RECEIVED. PLEASE RETURN THIS FORM WITH THE PROPER FEE ON A **SEPARATE CHECK (OR CASH)**, ENCLOSED WITH YOUR TAX PAYMENT. I WILL SEND YOUR LICENSE RECEIPT(S) AND TAG(S) BY RETURN MAIL.

LIZA SCHROEDER, CLERK-TREASURER.

Email: Liza@townofsioux creek.com Phone: 715-837-1007

MAKE CHECK PAYABLE TO:

TOWN OF SIOUX CREEK
2067 3 1/2 AVENUE
CHETEK, WI 54728