



**TOWN OF WOODRUFF
DOG LICENSE
APPLICATION / RENEWAL**

RABIES CERTIFICATE MUST ACCOMPANY APPLICATION OR THE LICENSE WILL NOT BE ISSUED.

Owner's Name: _____

Mailing Address: _____

Street Address, if different than mailing: _____

Telephone No.: _____

_____ Male _____ Neutered Male _____ Female _____ Spayed Female

Name of Dog: _____

Breed of dog: _____

Color / Markings: _____

Age of Dog: _____

Vaccine Date: _____ Expiration Date: _____

Vaccine Mfg.: _____ Serial Number: _____

Veterinarian's Name: _____

Veterinarian's Phone Number: _____

Owner's Signature: _____

DOG LICENSE FEE: \$10.00 Male or Female / \$5.00 Neutered Male or Spayed Female.

Subject to the provisions of Chapter 174 of the Statutes, and such provisions and regulations as may at any time be imposed by the State of Wisconsin. A late fee of \$5.00 shall be assessed to the owner of each dog, five months of age or older who fails to obtain a dog license by April 1st.

MAKE CHECK PAYABLE TO: TOWN OF WOODRUFF P.O. BOX 560, WOODRUFF, WI 54568