

APPLICATION FOR DOG LICENSE

VILLAGE OF JACKSON Dog License No. _____ Date ___/___/20___
Leave blank

Name-Owner/Keeper
Of Dog _____ Phone _____
Last First

Address _____

Name of Dog _____ Color _____ Breed _____

RABIES TAG NO. _____ Male \$15.00 Female \$15.00

EXP. DATE ___/___/20___ Neutered \$10.00 Spayed \$10.00

Veterinary Name _____

OWNER SIGNATURE: _____

BY THE UNDERSIGNED, THE REQUIRED FEE OF \$_____ HAS BEEN RECEIVED FOR THIS 20___ DOG

LICENSE ISSUED ON THE _____ DAY OF _____, 20___. () \$10.00 LATE FEE PAID.

LICENSING OFFICIAL _____

RETURN TO LICENSING OFFICIAL

Please fill out, and sign if applicable.

Due to the disposition checked below, a 20___ dog license is not required by listed owner, for the dog described below, because: () Died or Killed () Sold or given to:

Name _____ Phone _____
Last First

Address _____

Name of Dog _____ Color _____ Breed _____

SIGNATURE: _____

Penalties, fees and court costs may be imposed by Governing Agencies for violation of dog licensing laws. Current rabies information must be submitted before a dog license can be issued. A \$10 late fee shall be collected (when applicable) from owners of dogs not licensed by April 1st of each year. Make checks payable to the Village of Jackson and mail to: Village of Jackson, P.O. Box 637, Jackson, WI 53037