

APPLICATION FOR 2011 VILAS COUNTY DOG LICENSE

OWNER:

Last Name: _____
 First Name: _____
 Address: _____
 FIRE NO: _____
 City: _____
 State & Zip: _____
 Phone: _____

PET 1: NEW Tag #: _____
 Name: _____
 Color: _____
 Breed: _____
 Sex: _____
 Spayed/Neutered _____
 Chip: _____
 Tag: _____
 Rabies Vaccination Date: _____
 Rabies Vac Expiration: _____



Fee Schedule

\$8.00/Male
 \$8.00/Female
 \$3.00/Neutered Male
 \$3.00/Spayed Female

OFFICE USE ONLY

Cash/Check
 Amount Paid: \$ _____
 Date Paid: _____

PET 2:

NEW Tag #: _____
 Name: _____
 Color: _____
 Breed: _____
 Sex: _____
 Spayed/Neutered _____
 Chip: _____
 Tag: _____
 Rabies Vaccination Date: _____
 Rabies Vac Expiration: _____

PET 3:

NEW Tag #: _____
 Name: _____
 Color: _____
 Breed: _____
 Sex: _____
 Spayed/Neutered _____
 Chip: _____
 Tag: _____
 Rabies Vaccination Date: _____
 Rabies Vac Expiration: _____

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PET 3:

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 Color: _____
 Breed: _____
 Sex: _____
 Spayed/Neutered _____
 Chip: _____
 Tag: _____
 Rabies Vaccination Date: _____
 Rabies Vac Expiration: _____