

STATE OF WISCONSIN  
COUNTY OF DOOR  
TOWN OF SEVASTOPOL

APPLICATION FOR DOG LICENSE

YEAR : \_\_\_\_\_

OWNER: \_\_\_\_\_

RESIDING AT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FOR ONE (1) YEAR, FROM JANUARY 1, 20\_\_\_\_ TO DECEMBER 31, 20\_\_\_\_, TO KEEP ONE (1) DOG DESCRIBED AS FOLLOWS, WITHIN THE LIMITS OF THE ABOVE MUNICIPALITY.

NAME OF DOG: \_\_\_\_\_

SEX:           \_\_\_ MALE   (\$8.00)           \_\_\_ NEUTERED MALE (\$3.00)

                 \_\_\_ FEMALE (\$8.00)           \_\_\_ SPAYED FEMALE (\$3.00)

COLOR: \_\_\_\_\_

BREED: \_\_\_\_\_

THE ABOVE DOG WAS VACCINATED AGAINST RABIES ON: \_\_\_\_\_, 20\_\_\_\_

VACCINE MANUFACTURER: \_\_\_\_\_ SERIAL NO: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_, 20\_\_\_\_

**Return Application and Certificate of Vaccination to:**  
**(the certificate will be returned to you**  
**with the license)**

Town of Sevastopol  
4528 STH 57  
Sturgeon Bay WI 54235

Telephone: (920) 746-1230  
Fax: (920) 746-1245  
Email: office@townofsevastopol.com

OWNER MAILING ADDRESS (if different from above): \_\_\_\_\_

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