

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): _____
