

TOWN OF LA VALLE

DOG LICENSE REQUIRED INFORMATION

License Fee Spayed/ Neutered Dogs \$5.00 / Non-Spayed/Neutered Dogs \$10.00

Owner's Name: _____

Address: _____ Town _____ WI. Zip _____

Phone number: _____ or Cell number _____

Dog Name: _____ Dog Breed _____ Color _____

Male _____ Circle: Neutered: YES Neutered: NO

Female _____ Circle: Spayed: YES Spayed: NO

*Attach a copy of the Vet certificate in

Veterinarian Name: _____

Rabies Vaccination Date: _____

Rabies Vaccination Expiration Date: _____

Vaccine Manufacturer: _____

Vaccine Serial Number: _____

*One application per dog

Please enclose a self addressed stamped envelope the treasurer will send the tag to you in the mail.

Town of La Valle
PO Box 30
La Valle, WI. 53941
Attn: Treasurer
jj2015

