

DOG LICENSE APPLICATION

Name _____ Address _____

Name of dog _____ sex _____ color _____ breed _____

Date of Rabies Vaccine ____/____/____ Mfg. Of Vaccine _____ Vaccine serial No. _____

Date Vaccine Expires ____/____/____ Vaccine Tag No. _____

DOG LICENSING TAKES PLACE FROM JANUARY 1 THROUGH APRIL 1

FAILURE TO LICENSE YOUR DOGS BEFORE APRIL 1 WILL SUBJECT YOU TO ADDITIONAL FEES.

Please make checks payable to:	Village of Merton	SPAYED/NEUTERED	\$10.00
	P.O. Box 13	NON SPAYED/NEUTERED	\$15.00
	Merton, WI 53056		

PLEASE CONTACT OUR OFFICE IF YOUR DOG IS DECEASED. 262-538-0820 Ext. 204

DOG LICENSE APPLICATION

Name _____ Address _____

Name of dog _____ sex _____ color _____ breed _____

Date of Rabies Vaccine ____/____/____ Mfg. Of Vaccine _____ Vaccine serial No. _____

Vaccine Expiration Date ____/____/____ Vaccine Tag No. _____

DOG LICENSING TAKES PLACE FROM JANUARY 1 THROUGH APRIL 1

FAILURE TO LICENSE YOUR DOGS BEFORE APRIL 1, WILL SUBJECT YOU TO ADDITIONAL FEES.

Please make checks payable to:	Village of Merton	SPAYED/NEUTERED	\$10.00
	P.O. Box 13	NON SPAYED/NEUTERED	\$15.00
	Merton, WI 53056		

PLEASE CONTACT OUR OFFICE IF YOUR DOG IS DECEASED. 262-538-0820 Ext. 204