	DOG LICENSE APPLICATION –	TOWN OF UNI	ON Dog L	icense No
PLEASE COMPLETE TH	E FOLLOWING INFORMATION (One (1) Dog	g per application):		
Owner's Name	Vet or Animal Hospital			
Owner's Address		Date Rabies Vaccine Given		
Owner's Phone Numb	er			
Rabies certific	License Fees: Neutered male or spayed Un-neutered male or un- Multiple dog License (up cation must be attached to this application Late fee: Doubles amount of	spayed female - \$ to 12 dogs) - \$288 on otherwise app	31.00 per dog 3.00 additional o plication will b	
Name of Dog			Check One:	Neutered Male
Breed		Age		Spayed Female Un-neutered Male
	Markings			Un-spayed Female
which will expire on the	fine I could be sentenced to the County Jail. T 31 st day of December of the year of application the above application & rabies certificate to:	n.		
		1506 N Town Ha	ll Rd – Eau Claire	e, WI 54703
Date	DOG LICENSE APPLICATION -	1506 N Town Ha	ll Rd – Eau Claire	
Date PLEASE COMPLETE TH	E FOLLOWING INFORMATION (One (1) Dog	1506 N Town Ha TOWN OF UNI g per application):	ll Rd – Eau Claire	e, WI 54703 icense No
Date PLEASE COMPLETE TH Owner's Name	E FOLLOWING INFORMATION (One (1) Dog	1506 N Town Ha TOWN OF UNI per application): Vet or Anima	ll Rd – Eau Claire I ON Dog L I Hospital	e, WI 54703 icense No
Date PLEASE COMPLETE TH Owner's Name Owner's Address	E FOLLOWING INFORMATION (One (1) Dog	1506 N Town Ha TOWN OF UNI g per application): Vet or Anima Date Rabies V	ll Rd – Eau Claire I ON Dog L I Hospital	e, WI 54703 icense No
Date PLEASE COMPLETE TH Owner's Name Owner's Address Owner's Phone Numb	E FOLLOWING INFORMATION (One (1) Dog	1506 N Town Ha TOWN OF UNI g per application): Vet or Anima Date Rabies V female - \$21.00 spayed female - \$ to 12 dogs) - \$288 on otherwise app	II Rd – Eau Claire ION Dog L I Hospital accine Given _ per dog 31.00 per dog 3.00 additional c plication will b	2, WI 54703 icense No dogs \$24 per dog
Date PLEASE COMPLETE TH Owner's Name Owner's Address Owner's Phone Numb Rabies certific	E FOLLOWING INFORMATION (One (1) Dog er License Fees: Neutered male or spayed Un-neutered male or un- Multiple dog License (up cation <u>must</u> be attached to this application	1506 N Town Ha TOWN OF UNI g per application): Vet or Anima Date Rabies V I female - \$21.00 spayed female - \$ to 12 dogs) - \$288 on otherwise applicense after Februa	II Rd – Eau Claire ION Dog L I Hospital accine Given _ per dog 31.00 per dog 3.00 additional c plication will b	2, WI 54703 icense No dogs \$24 per dog e returned to owner. Neutered Male
Date PLEASE COMPLETE TH Owner's Name Owner's Address Owner's Phone Numb Rabies certific Name of Dog	E FOLLOWING INFORMATION (One (1) Dog er License Fees: Neutered male or spayed Un-neutered male or un- Multiple dog License (up cation must be attached to this application Late fee: Doubles amount of	1506 N Town Ha TOWN OF UNI g per application): Vet or Anima Date Rabies V female - \$21.00 spayed female - \$ to 12 dogs) - \$288 on otherwise app license after Februa	Il Rd – Eau Claire ION Dog L I Hospital faccine Given _ faccine Given _	e, WI 54703 icense No dogs \$24 per dog e returned to owner.

CERTIFICATION

I hereby make application of the TOWN OF UNION, Eau Claire County, Wisconsin for a license for the above described dog. I realize that false statements on this application could result in a fine of \$50.00 to \$500.00 plus the cost of prosecution for each statement or in lieu of payment of the fine I could be sentenced to the County Jail. Therefore, I submit my application and payment for the license, which will expire on the 31st day of December of the year of application.

Signed	Date
Mail or deliver fee with the above application & rabies certificate to:	Town of Union
	1506 N Town Hall Rd – Eau Claire, WI 54703