

PORT WING DOG LICENSE APPLICATION

Dog Name _____ Age _____ Sex _____

Breed _____ Color _____

Spayed/Neutered \$5 _____ Intact \$12 _____

RABIES Vaccination Date: ____/____/____ Vaccine Serial No. _____

Veterinarian:

If you do not have the required vaccination information, please contact your vet who will provide it to you. A dog license may not be issued without this information.

Mail with payment to: Port Wing Treasurer, PO Box 43, Port Wing, WI 54865