

# TOWN OF UNION APPLICATION FOR DOG LICENSE

DATE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_

	DOG #1	DOG #2	DOG #3
NAME			
SEX			
SPAYED/NEUTERED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREED			
COLOR			
RABIES VACCINATION DATE*			

*\*PROOF REQUIRED TO OBTAIN LICENSE*

FEE SCHEDULE	QUANTITY	AMOUNT
SPAYED/NEUTERED	\$5.00 × =	\$
NOT SPAYED/NEUTERED	\$ 10.00 × =	\$
PUPPY	\$ 5.00 × =	\$
LATE FEE (AFTER APRIL 1)	\$ 5.00 × =	\$
<b>TOTAL:</b>		\$

*\*MAKE CHECK PAYABLE TO TOWN OF UNION*

If you require a signed copy of this form for rental purposes, please contact the Town of Union at 608-736-7070 or townofunionwi@gmail.com.

## OFFICE USE ONLY

CASH  CHECK CHECK # \_\_\_\_\_ LICENSE # \_\_\_\_\_

TREASURER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_