



DOG LICENSE APPLICATION

TOWN OF LISBON
W234 N8676 Woodside Rd.
Lisbon, WI 53089

Dog Licenses are due January 1 (yearly). If your dog is not licensed by April 1, a \$10 late penalty (per dog) will be added to the regular license fees. In addition, a citation could be issued to you by the Sheriff's Department for failure to license your dog. **Proof of rabies vaccine showing name of veterinarian and date of vaccine, as well as expiration date is required before license can be issued, per state statutes.** Please include a copy of the current **Rabies Vaccine Certificate** with this application. If mailing please provide a self-addressed stamped envelope. Please make checks payable to **TOWN OF LISBON. \$15 In-Tact; \$10 Neutered/Spayed**

OWNER'S NAME: _____ PHONE #: _____

OWNER'S EMAIL: _____

OWNER'S ADDRESS: _____
Full Street Address City State Zip

DOG #1

DOG'S NAME: _____ BREED / COLOR: _____

SEX: MALE FEMALE NEUTERED SPAYED (Circle One)

VET CLINIC NAME & PHONE #: _____

DATE OF SHOT: _____ EXPIRATION DATE: _____

RABIES SHOT MANUFACTURER: _____ LOT/SERIAL #: _____

DOG #2

DOG'S NAME: _____ BREED / COLOR: _____

SEX: MALE FEMALE NEUTERED SPAYED (Circle One)

VET CLINIC NAME & PHONE #: _____

DATE OF SHOT: _____ EXPIRATION DATE: _____

RABIES SHOT MANUFACTURER: _____ LOT/SERIAL #: _____

DOG #3

DOG'S NAME: _____ BREED / COLOR: _____

SEX: MALE FEMALE NEUTERED SPAYED (Circle One)

VET CLINIC NAME & PHONE #: _____

DATE OF SHOT: _____ EXPIRATION DATE: _____

RABIES SHOT MANUFACTURER: _____ LOT/SERIAL #: _____

FOR OFFICE USE ONLY

DOG #1 LICENSE #: _____ DOG #2 LICENSE #: _____ DOG #3 LICENSE #: _____

AMOUNT DUE: \$ _____

Cash

Check / Check #: _____