

TOWN OF WYOMING DOG LICENSE APPLICATION

Owner: _____ Address: _____

Telephone _____ City, State, Zip _____

Sex (Circle One) Dog # 1

Dog # 2

Dog # 3

Neutered Male

Neutered Male

Neutered Male

Spayed Female

Spayed Female

Spayed Female

Dog's Name: _____

Color: _____

Breed: _____

PROOF OF RABIES VACCINATION FOR EACH DOG MUST BE SUBMITTED WITH THIS APPLICATION. ORIGINAL PROOF FORMS WILL BE RETURNED, ALONG WITH LICENSE TAGS. PLEASE ENCLOSE A SELF ADDRESSED, STAMPED ENVELOPE.

Make checks payable to:
Town of Wyoming
Mary P. Miller, Treasurer
E3984 Co. Hwy G, Marion, WI 54950

FEES:
Neutered or Spayed dogs, \$5.00 each
Unspayed/neutered \$10.00 each
LATE FEE after April 1 \$ 5.00 each

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