

**OFFICIAL APPLICATION/DOG LICENSE**

YEAR \_\_\_\_\_ STATE OF WISCONSIN  
COUNTY OF ROCK

MUNICIPALITY \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

City/state/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

Municipal Treasurer /Signature \_\_\_\_\_



FEE \_\_\_\_\_ LATE FEE \_\_\_\_\_

VACCINATION NUMBER \_\_\_\_\_

VACCINATION DATE \_\_\_\_\_

Next Vaccination Date \_\_\_\_\_

NAME OF DOG \_\_\_\_\_

BREED OF DOG \_\_\_\_\_

COLOR OF DOG \_\_\_\_\_

BIRTH YEAR \_\_\_\_\_

Male

Female

Neutered/spayed

Puppy

New Resident

Original – owner

Yellow-county

Pink-municipality