

## Town of Lincoln Dog License Application

Owner Name: \_\_\_\_\_ Owner Address: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_ Veterinarian/Clinic: \_\_\_\_\_

#1 Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

\_\_\_\_ Male/Female \$10    \_\_\_\_ Neutered Male/spayed female \$5    vaccine mfg. & serial # \_\_\_\_\_

Date of Rabies Shot: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#2 Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

\_\_\_\_ Male/Female \$10    \_\_\_\_ Neutered Male/spayed female \$5    vaccine mfg. & serial # \_\_\_\_\_

Date of Rabies Shot: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#3 Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

\_\_\_\_ Male/Female \$10    \_\_\_\_ Neutered Male/spayed female \$5    vaccine mfg. & serial # \_\_\_\_\_

Date of Rabies Shot: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Total Due ( Add above amounts) \_\_\_\_\_

Return with a copy of your Vaccination Certificate and payment to:

**Town of Lincoln Treasurer**

**c/o Karin Stauber**

**10262 Eagle Rd**

**Marshfield, WI 54449**

Any license purchased after March 31 must add a \$5 late fee to the total

Treasurer use only

tag# \_\_\_\_\_ Re# \_\_\_\_\_

Payment \_\_\_\_\_