

# 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 9796 Yellow River 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 _____	