

Town of Lincoln Dog License Application

Owner Name: _____ Owner Address: _____

Owner Phone Number: _____ Veterinarian/Clinic: _____

#1 Name of Dog: _____ Breed: _____ Color: _____

____ Female, **Not** spayed \$10 ____ Female, Spayed \$5
____ Male, **Not** neutered \$10 ____ Male, Neutered \$5

Date of Rabies Shot: _____ Expiration Date: _____ Vaccine mfg. & serial # _____

#2 Name of Dog: _____ Breed: _____ Color: _____

____ Female, **Not** spayed \$10 ____ Female, Spayed \$5
____ Male, **Not** neutered \$10 ____ Male, Neutered \$5

Date of Rabies Shot: _____ Expiration Date: _____ Vaccine mfg. & serial # _____

#3 Name of Dog: _____ Breed: _____ Color: _____

____ Female, **Not** spayed \$10 ____ Female, Spayed \$5
____ Male, **Not** neutered \$10 ____ Male, Neutered \$5

Date of Rabies Shot: _____ Expiration Date: _____ Vaccine mfg. & serial # _____

Total Due (Add above amounts) _____

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

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

Treasurer use only

Tag# _____ Re# _____

Payment _____