

2019 ST. CROIX COUNTY DOG LICENSE APPLICATION

PAYMENT DUE BY JANUARY 31st, 2019
 Make checks payable to:

Owner's Name:

Phone #:

TOWN OF HAMMOND
 LINDA HAWKINS, TREASURER
 PO BOX 177
 HAMMOND, WI 54015

Address:

Date Paid:	Cash / Check	Dog #1	Dog #2	Dog #3	Dog #4
DOG NAME					
COLOR					
BREED					
MALE	\$10.00				
NEUTERED MALE	\$5.00				
FEMALE	\$10.00				
SPAYED FEMALE	\$5.00				
RABIES VACCINE MFG #					
DATE GIVEN:					
DATE EXP:					
Office use: Tag # Assigned					