

2024 ST. CROIX COUNTY DOG LICENSE APPLICATION				PAYMENT DUE BY JANUARY 31 <sup>st</sup> , 2024	
Owner's Name:		Phone #:		Make check payable to: TOWN OF HAMMOND 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					