

**ST. CROIX COUNTY DOG LICENSE APPLICATION****PAYMENT DUE BY JANUARY 31ST**

OWNER'S NAME:

VET CLINIC:

ADDRESS:

VET PHONE#:

	DOG #1	DOG #2	DOG #3	DOG #4
<b>DOG NAME</b>				
<b>COLOR</b>				
<b>BREED</b>				
<b>MALE</b> \$15.00				
<b>NEUTERED MALE</b> \$11.00				
<b>FEMALE</b> \$15.00				
<b>SPAYED FEMALE</b> \$11.00				
<b>RABIES VACCINE MFG #</b>				
<b>DATE GIVEN:</b>				
<b>DATE EXP:</b>				
<i>OFFICE USE: TAG # ASSIGNED</i>				

MAKE CHECKS PAYABLE TO : VILLAGE OF HAMMOND

