

**Town of Pacific Treasurer
P.O. Box 857
Portage, WI 53901**

DOG LICENSE APPLICATION

Owner's Name: _____

Address: _____

Veterinarian's Name: _____

Address: _____

		Pet #1	Pet #2	Pet #3	Pet #4
Gender	Female	____ Non Spayed ____ Spayed			
	Male	____ Non Neutered ____ Neutered			
Name of Pet					
Breed					
Color					
Date of Shots					
Shot Exp. Date					

FEE SCHEDULE

Spayed/Neutered: \$5 x _____ = _____

Non Spayed/Neutered: \$10 x _____ = _____

Total Due: \$ _____

Mail this completed form, along with the license fee to the address above. Make checks payable to: Town of Pacific. To have the license mailed back to you, include a self-addressed, stamped envelope.

A current rabies certificate from your veterinarian is required to obtain a license.