

Dog License Required Information

Owners Name: _____

Dog Name: _____

Dog Breed: _____

Sex of Dog: Male _____ Female _____

Spayed/Neutered _____ Yes _____ No

Veterinarian Name: _____

Rabies Vaccination Date: _____

Rabies Vaccination Expiration Date: _____

Vaccine Manufacturer: _____

Vaccine Serial Number: _____

Cost for Spayed/Neutered Dogs \$5.00 each

Non-spayed/neutered Dogs \$10.00 each

Town of La Valle

P.O. Box 30

La Valle, WI. 53941

attn: Treasurer