

DATE _____

TAG # _____

**Town of Newbold
Dog License Application**

Owner's Name _____

Address _____

City _____ Zip-Code _____

Phone Number _____

Name of Dog _____

Breed of Dog _____

Color of Dog _____

Chip Number on Dog _____

Circle Fee of Dog

\$10.00 Male \$5.00 Neutered Male
\$10.00 Female \$5.00 Spayed Female

- **Penalty: A late fee of \$10.00 shall be assessed the owner of each dog 5 months of age or over who fails to obtain a license by April 1. (Subject to the provisions of Chap. 174 of the state statutes.)**

The above dog was vaccinated against rabies by:

Veterinarian _____

Vaccine Date _____ Expiration Date _____

Vaccine Serial Number _____

License runs January 1st through December 31st of the current year

Please make check payable to Town of Newbold and return fee and self-addressed, stamped envelope to:

**Town of Newbold
P.O. Box 1063
Rhineland, WI 54501**

Owner's Signature _____

License will not be issued without proof of rabies shot form.

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