

**Town of Necedah  
Dog Licenses**

Please complete this form and return it to your local treasurer with the correct fee.

*Make check payable to:* Town of Necedah.                      FEES: Male or Female                      \$8.00 each  
*Mail payment to:* Richard Baumgart                              Spayed or Neutered                      \$3.00 each  
   N10935 12<sup>th</sup> Ave  
   Necedah, WI 54646

All dogs 5 months of age or older during this calendar year must be licensed prior to March 1. Proof of vaccination must be shown before a license can be issued. Therefore, when applying for a license, please submit a copy of original receipt of vaccination. (Receipts of vaccination will be returned with license.) You may also purchase a dog license through the mail. Same rules as above apply and your license, tag and vaccination papers will be sent back to you via mail

OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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1. NAME OF DOG \_\_\_\_\_ COLOR \_\_\_\_\_ BREED \_\_\_\_\_

SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ NEUTERED MALE \_\_\_\_\_ SPAYED FEMALE \_\_\_\_\_

VETERINARIAN/CLINIC \_\_\_\_\_

RABIES SHOT Date Vaccinated \_\_\_\_\_ Date Expires \_\_\_\_\_

VACCINE MFG. \_\_\_\_\_ SERIAL NO. \_\_\_\_\_

2. NAME OF DOG \_\_\_\_\_ COLOR \_\_\_\_\_ BREED \_\_\_\_\_

SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ NEUTERED MALE \_\_\_\_\_ SPAYED FEMALE \_\_\_\_\_

VETERINARIAN/CLINIC \_\_\_\_\_

RABIES SHOT Date vaccinated \_\_\_\_\_ Date expires \_\_\_\_\_

VACCINE MFG. \_\_\_\_\_ SERIAL NO. \_\_\_\_\_