

CITY OF BAYFIELD DOG LICENSE APPLICATION

It is required by law that all dog owners obtain a license for each dog owned. **You must show proof of your dog's rabies vaccination, please enclose a copy or bring it with you.** The fees are as follows:

*Neutered or Spayed = \$7.00      All others = \$14.00*

Please fill out the information below and return the required fee to the City of Bayfield Treasurer, at 125 South First Street or P.O. Box 1170, Bayfield, WI, 54814.

**PLEASE PRINT THE FOLLOWING INFORMATION**

Owners Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Name of Dog (1) \_\_\_\_\_ Male or Female -- Neutered \_\_\_\_\_ Spayed \_\_\_\_\_

Color \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
Date of Rabies Vaccination \_\_\_\_\_ Expires \_\_\_\_\_  
Vaccine Manufacturer \_\_\_\_\_ Serial Number \_\_\_\_\_  
Veterinarian \_\_\_\_\_ Micro Chip No. \_\_\_\_\_

Name of Dog (2) \_\_\_\_\_ Male or Female -- Neutered \_\_\_\_\_ Spayed \_\_\_\_\_

Color \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_  
Date of Rabies Vaccination \_\_\_\_\_ Expires \_\_\_\_\_  
Vaccine Manufacturer \_\_\_\_\_ Serial Number \_\_\_\_\_  
Veterinarian \_\_\_\_\_ Micro Chip No. \_\_\_\_\_