DOG OWNERS RESIDING IN THE CITY OF BAYFIELD:

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.