

DOG LICENSE APPLICATION 2020

Town of Caledonia, Columbia County

IF YOU OWN ANY DOGS, please return your dog license fee (Checks payable to TOWN OF CALEDONIA), proof of rabies shot, this completed form, and a **Self-addressed Stamped Envelope** to MARDELL KREJCHIK, TREASURER, W10806 KREJCHIK RD, PORTAGE, WI 53901.

IF YOU DO NOT OWN ANY DOGS please check the box, sign and return.

I do NOT currently own a dog.

I DO own a dog & have completed the information below for the dog(s) I currently own.

Signed _____ Date _____

OWNER'S NAME _____ PHONE # _____

ADDRESS _____

	FEE	DOG'S NAME	BREED	COLOR	RABIES SHOT DATES		VACCINE		Tag# Assigned
					GIVEN	EXPIRES	MFG	SERIAL#	By Town Treas.
Neutered Male	\$6.00								
Male	\$12.00								
Spayed Female	\$6.00								
Female	\$12.00								

Proof of rabies shot must be included. Subject to the provisions of Chap. 174 of the Statutes, and such provisions & regulations as may, at anytime, be imposed by the State of Wisconsin.

Checks payable to TOWN OF CALEDONIA by January 31, 2020

Treasurer's Initials _____ Date _____ Ck# _____ Amount _____

MULTIPLE DOG LICENSE APPLICATION 2020

Town of Caledonia, Columbia County

OWNER'S NAME _____ PHONE # _____

ADDRESS _____

IF YOU HAVE A DOG KENNEL, please complete owner info above & return the appropriate fee (Checks payable to TOWN OF CALEDONIA), proof of rabies shot for ALL dogs over 4 months, this completed form, and a **Self-addressed Stamped Envelope** to MARDELL KREJCHIK, TREASURER, W10806 KREJCHIK RD, PORTAGE, WI 53901

Dog's Name	SEX	BREED	COLOR	RABIES SHOT DATES		VACCINE		Tag# Assigned
# OF DOGS OVER 4 MONTHS				GIVEN	EXPIRES	By Town Treas.	SERIAL#	By Town Treas.
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
	12/\$35							
	>12@\$3							

Proof of rabies shot must be included for ALL DOGS OVER 4 MONTHS. Subject to the provisions of Chap. 174 of the Statutes, and such provisions & regulations as may, at anytime, be imposed by the State of Wisconsin. Checks payable to TOWN OF CALEDONIA by January 31, 2020.

Treasurer's Initials _____ Date _____ Ck# _____ Amount _____