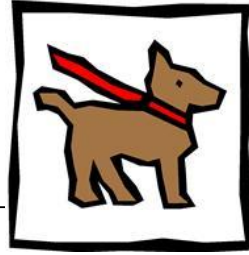


**DOG LICENSE FORM
VILLAGE OF CURTISS**



Owners Name: _____

Phone Number: _____

Address: _____ Curtiss, WI 54422

Dogs Name: _____

Male \$8 Female \$8 Neutered Male \$5 Spayed Female \$5

Color: _____ Breed: _____

Date of Rabies Shot: _____ Expiration: _____

Vaccine Manufacturer: _____ Serial #: _____

Property Owner Signature: _____

Date: _____

**THERE WILL BE A \$5 LATE FOR APPLICATIONS
SUBMITTED AFTER THE APRIL 1ST DEADLINE.**

**DOG LICENSE FORM
VILLAGE OF CURTISS**



Owners Name: _____

Phone Number: _____

Address: _____ Curtiss, WI 54422

Dogs Name: _____

Male \$8 Female \$8 Neutered Male \$5 Spayed Female \$5

Color: _____ Breed: _____

Date of Rabies Shot: _____ Expiration: _____

Vaccine Manufacturer: _____ Serial #: _____

Property Owner Signature: _____

Date: _____

**THERE WILL BE A \$5 LATE FOR APPLICATIONS
SUBMITTED AFTER THE APRIL 1ST DEADLINE.**