

VILLAGE OF HAMMOND DOG LICENSE APPLICATION

****CERTIFICATE OF RABIES VACCINATION MUST BE ATTACHED****

PAYMENT DUE BY JANUARY 31

Owner's Name:

Address:

Owner's Phone #

Veterinary Clinic Name:

Veterinary Clinic Phone:

Make checks payable to:

VILLAGE OF HAMMOND
PO BOX 337
HAMMOND, WI 54015

		Dog #1	Dog #2	Dog #3	Dog #4
DOG NAME					
COLOR					
BREED					
MICROCHIP NUMBER					
MALE	\$18.00				
NEUTERED MALE	\$12.00				
FEMALE	\$18.00				
SPAYED FEMALE	\$12.00				
RABIES VACCINE MANUFACTURER					
RABIES SERIAL #					
DATE GIVEN:					
DATE EXP:					
<i>Office use: Tag # Assigned</i>					