

TOWN OF BAYVIEW – DOG LICENSE APPLICATION

Please provide the information for your dog(s). Application may be sent to Carol DeMars, Treasurer, 78815 St. Hwy 13,
Washburn, WI 54891 373-2547

Name of Dog(s) _____

Breed _____

Color _____

Sex _____

Vet Clinic _____

Rabies Tag _____

Vaccine Brand _____

Date of Vaccine _____

Date of Expiration _____

FEE: \$5.00 If Spayed or Neutered
\$12.00 if not

WRITE CHECK TO: **TOWN OF BAYVIEW**

***MAIL THE FEE AND A SELF ADDRESSED
STAMPED ENVELOPE TO THE ADDRESS
ABOVE. YOUR DOG LICENSE WILL BE
MAILED TO YOU.***

***ALL INFORMATION IS NEEDED FOR
EACH DOG.***