

City of Sheboygan Falls

DOG LICENSE FORM

Owner's Name _____

Owner's Address _____

Owner's Phone _____

Dog's Name _____

Breed _____

Gender (Please Check One):

_____ Male
_____ Neutered Male

_____ Female
_____ Spayed Female

Color _____

Rabies vaccination expiration date _____

**Must include copy of current Rabies Certificate
& a self-addressed, stamped envelope**

**Cost: \$15.00 Male/Female
 \$10.00 Neutered Male/Spayed Female
 \$5.00 Late fee after March 31st**

**Mail to the City Clerk at
City of Sheboygan Falls
375 Buffalo St., P.O. Box 186
Sheboygan Falls, WI 53085-0186**