



BAYFIELD COUNTY DOG LICENSE REQUEST FORM

Dogs 5 months of age or older must be licensed by March 31st of each year.
If you licensed a dog in the previous year that is now deceased or you no longer own, please supply this information to your local treasurer by December 1.

Please include this fee on a **SEPARATE CHECK payable to:
Town of Namakagon Treasurer at PO Box 659, Cable, WI. 54821-0659**

Please enclose a Self -Addressed Stamped Envelope for return of your license and tag.

Dog Owner Name: _____

Address: _____

Telephone #: _____

Town where dog is kept: _____

Name of Dog(s) 1. _____ 2. _____ 3. _____

Age of Dog(s): 1. _____ 2. _____ 3. _____

Breed of Dog(s) 1. _____ 2. _____ 3. _____

Color: 1. _____ 2. _____ 3. _____

Rabies Tag Number: 1. _____ 2. _____ 3. _____

Vac. Expiration Date: 1. _____ 2. _____ 3. _____

Clinic that issued tag: 1. _____ 2. _____ 3. _____

Spayed or Neutered \$5.00: 1. _____ 2. _____ 3. _____

Un-altered male \$12.00: 1. _____ 2. _____ 3. _____

Un-altered female \$12.00: 1. _____ 2. _____ 3. _____

Signature of Owner: _____