



## BAYFIELD COUNTY DOG LICENSE REQUEST FORM

Dogs 5 months of age or older must be licensed by March 31<sup>st</sup> 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 #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Dog(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Male or Female 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 M/F \$12.00: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Signature of Owner: \_\_\_\_\_