

**MARINETTE COUNTY
DOG LICENSE**

YEAR _____ NUMBER _____

License Fee \$ _____

TO:

RESIDING AT:

Valid from the 1st day of January thru the 31st day
of December of year stated.

Name of Dog _____

- Male Neutered Male
 Female Neutered Female

Breed _____

Color _____

RABIES VACCINATION

Required for all dogs 5 months of age or over

Date _____

Vaccine MFG _____

Serial # _____

Expiration Date _____

Subject to the provisions of Chapter 174 of the
Wisconsin Statutes,

Date _____

Official _____

Municipality _____