

Owner's Name:	
Street Address:	
City, State & Zip:	
Dog's Name:	Dog's Breed & Color:
Rabies Immunization Date:	Expiration Date:
Sex of Dog (circle one) Male Female Dog is	s (circle one): Spayed Neutered Not spayed or neutered
I have attached proof of rab	ies immunization (must have to obtain license)
I have enclosed \$	for the cost of the license. Make checks payable to
"Town of Milton."	
Send application, proof of rabies immun	ization and license fee to:
Jane Baures, Treasurer W1091 Bay Street Fountain City, WI 54629	*\$12.00 for a dog that is NOT spayed or neutered *\$5.00 for a dog that is spayed or neutered *\$10.00 late fee if license obtained after 4/1 or after 30 days of acquiring ownership if after 4/1
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LICENSE FEES:

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