

Town of Baraboo
101 Cedar St
Baraboo, WI 53913

Dog License

____ New License ____ Renewal

Owners Name _____

Owners Address _____

Town/State/Zip _____

Phone Number _____

Email _____

Dogs Name _____

Breed(s) _____

Color(s) _____

Male ____ Female ____ Spayed ____ Neutered ____

Chip Number _____

Rabies Vaccination

Veterinarian's name _____

Phone _____

Vaccine expiration date _____

Vaccine Manufacturing Company _____

Vaccine Serial Number _____

Payments

Date _____

Amount _____

Check ____ Cash _____

Check Number _____