

DOG REGISTRATION

Town of Prairie du Sac

Dog Registration: *Form Must Be Filled Out Completely, Incomplete Forms Will Be Returned*

Your Name: _____ Address: _____

	<u>Dog 1</u>	<u>Dog 2</u>	<u>Dog 3</u>	<u>Dog 4</u>
Name of Dog:	_____	_____	_____	_____
Sex:	_____	_____	_____	_____
	M (Male) F (Female) NM (Neutered Male) SF (Spayed Female) All Dogs are \$15.00 each			
Color:	_____	_____	_____	_____
Breed:	_____	_____	_____	_____
Rabies Vaccination:				
Vet Clinic Name	_____	_____	_____	_____
Expiration Date	_____	_____	_____	_____
Vaccine Mfg	_____	_____	_____	_____
<u>Vaccine Serial No.</u>	_____	_____	_____	_____
(Not the tag number)	_____	_____	_____	_____

Please include a postage paid self-addressed return envelope.

Richard Meier, Treasurer E9919 1st Street, Prairie du Sac, WI 53578 (608) 544-4332 After 9:00 AM