

**ST. CROIX COUNTY DOG LICENSE APPLICATION*****PAYMENT DUE BY JANUARY 31***  
*Make checks payable to:*

Owner's Name:

Phone #:

TOWN OF SOMERSET  
JERI KOESTER, CLERK/TREASURER  
P O BOX 248  
SOMERSET, WI 54025

Address:

Date Paid:	Cash / Check	Dog #1	Dog #2	Dog #3	Dog #4
<b>DOG NAME</b>					
<b>COLOR</b>					
<b>BREED</b>					
<b>MALE</b>	<b>\$10.00</b>				
<b>NEUTERED MALE</b>	<b>\$5.00</b>				
<b>FEMALE</b>	<b>\$10.00</b>				
<b>SPAYED FEMALE</b>	<b>\$5.00</b>				
<b>RABIES VACCINE MFG #</b>					
<b>DATE GIVEN:</b>					
<b>DATE EXP:</b>					
<i>Office use: Tag # Assigned</i>					