Town of Lynn Dog License Form

*Please complete the entire form, if any information is missing from the vaccination section I will be forced to register the dog as unvaccinated.

Dog Owner Name: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Dog's Name	Sex (M/F)	Spayed/Neutered (Yes or No)	Breed	Color	Veterinarian	Date of rabies vaccine	Date of rabies expiration	Vaccine Mfg.

Dog Owner Fees:

Dog(s) Neutered or Spayed # _____ x $3.00 = $ _____

Dog(s) **Not** Neutered or Spayed # _____ x $8.00 = $ _____

Total amount due: $ _____

Make Checks payable to: Town of Lynn
W1318 Granton Road
Granton, WI 54436

Please Do Not Mail Cash

For Questions Please Call: Jordon Kayhart
(715) 238-8122