



353 S Broadway St  
 P.O. Box 155  
 Stanley, Wisconsin  
 54768-0155  
 www.ci.stanley.wi.gov

**CITY OF STANLEY MULTIPLE DOG LICENSE FORM**

Owner name:
Owner address:
Owner phone number:

<b>DOG 1</b>	<b>DOG 2</b>	<b>DOG 3</b>
Name:	Name:	Name:
Sex:	Sex:	Sex:
Color:	Color:	Color:
Breed:	Breed:	Breed:
*Clinic name:	*Clinic name:	*Clinic name:
*Rabies Tag #:	*Rabies Tag #:	*Rabies Tag #:
*Date of rabies vaccination:	*Date of rabies vaccination:	*Date of rabies vaccination:
*Vaccine Certificate # (serial #):	*Vaccine Certificate # (serial #):	*Vaccine Certificate # (serial #):
*Vaccination expiration date:	*Vaccination expiration date:	*Vaccination expiration date:

<b>DOG 4</b>	<b>DOG 5</b>	<b>DOG 6</b>
Name:	Name:	Name:
Sex:	Sex:	Sex:
Color:	Color:	Color:
Breed:	Breed:	Breed:
*Clinic name:	*Clinic name:	*Clinic name:
*Rabies Tag #:	*Rabies Tag #:	*Rabies Tag #:
*Date of rabies vaccination:	*Date of rabies vaccination:	*Date of rabies vaccination:
*Vaccine Certificate # (serial #):	*Vaccine Certificate # (serial #):	*Vaccine Certificate # (serial #):

**\*MUST HAVE CURRENT RABIES VACCINATION INFORMATION TO LICENSE PET**

**FEE: \$150**

\_\_\_\_\_  
 OWNERS SIGNATURE

\_\_\_\_\_  
 DATE