

2020 DOG LICENSE APPLICATION – LICENSES DUE ANNUALLY BY MARCH 31<sup>ST</sup>

Rabies Tag # \_\_\_\_\_ Responsible Party \_\_\_\_\_  
Date Issued \_\_\_\_\_ Address \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Pet's Name \_\_\_\_\_ Property Address (if different than address list  
Sex \_\_\_\_\_ above) \_\_\_\_\_  
Spayed or Neutered \_\_\_\_\_  
Breed \_\_\_\_\_ Phone Number \_\_\_\_\_  
Color \_\_\_\_\_ Vet Clinic \_\_\_\_\_

**Fee:** \$5.00 - spayed or neutered  
\$10.00 - unspayed or unneutered

**\*Send To:** Town of Clifton, Clerk/Treasurer  
N8619 1060<sup>th</sup> Street  
River Falls, WI 54022