



2021 Dog License Form

Town of Loyal

Pet Owner:

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Pet Name:	Breed:	Color:	Sex:	Spayed/ Neutered	Veterinarian:	Vaccination Expiration:	Vaccination Mfr:	Vaccination Serial #

Fees: \$3.00 Spayed/Neutered (or) \$8.00 NOT Spayed/Neutered

Total Fees: _____

Please fill out the form and mail money along with a self-addressed stamped envelope to make sure tags can be mailed back to you.

Make check payable to Town of Loyal

Town of Loyal
W3412 Chickadee Rd
Loyal, WI 54446