

**Town of Buffalo**

**APPLICATION FOR DOG LICENSE**

**No license will be issued without proof of vaccination and affidavit below.**

**Please complete all items below.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you rent, name of owner: \_\_\_\_\_

Address: \_\_\_\_\_

Name of vet or clinic \_\_\_\_\_ Rabies Tag # \_\_\_\_\_

	Name	Color	Breed	Date of Rabies Shot	Expiration
Neutered Male(s) \$3.00 each					
Unneutered Male(s) \$8.00 each					
Spayed Female(s) \$3.00 each					
Unspayed Female(s) \$8.00 each					

I hereby certify that the foregoing is a true and correct statement of all dogs owned or harbored by me subject to Chapter 174 of the Wisconsin Statutes and all information given with this statement is true and correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Return this affidavit, a check for the amount due payable to the Town of Buffalo, and proof of vaccination to:

Jean Rataczak  
Treasurer, Town of Buffalo  
N1934 13th Road  
Montello, WI 53949