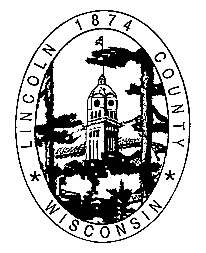
**STATE OF WISCONSIN****LINCOLN COUNTY**

**MUNICIPALITY**  Click here to enter text.

**LICENSE YEAR** 2025

**DOG LICENSE NUMBER** Click here to enter text.

The Required License Fee of Choose an item. Plus penalty of Choose an item. having been paid to the undersigned **MUNICIPALITY**, License is hereby granted to:

**OWNERS NAME**  Click here to enter text.

**ADDRESS** Click here to enter text.

**CITY, STATE, ZIP**  Click here to enter text.

**PHONE**  Click here to enter text.

EMAIL Click here to enter text.

**For one year from the 1st day of January 2025 to the 31st day of December 2025**

To keep ONE dog described as follows, within the limits of the above municipality

NAME OF DOG Click here to enter text.

BREED Click here to enter text.

COLOR Click here to enter text.

SEX OF DOG Choose an item.

VET NAME Click here to enter text.

VACCINE MANUFACTURER# Click here to enter text.

VACCINE SERIAL # Click here to enter text.

RABIES TAG NUMBER Click here to enter text.

RABIES EXPIRATION DATE Click here to enter text.

(subject to the provisions of chapter 174 of the statutes and such provisions and regulations as may at any time be imposed by the State of Wisconsin)

Issuers Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_