

License Year: 2020

ANIMAL LICENSE
License Expires 12/31/2020

La Crosse County, WI

Issued by: Town of Shelby
SARA JARR
2800 WARD AVE
LA CROSSE WI 54601

608-788-1032

Primary Owner (First Name - Middle Initial - Last Name):	DOB:	DL#:
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Secondary Owner (First Name - Middle Initial - Last Name):	DOB:	DL#:
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Street Address (House # - Street - City - State - Zipcode):

Mailing Address (House # - Street - City - State - Zipcode):
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Home Phone:	Other Phone:
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Tag #:	Date Issued:	Animal Sex:	Circle The Fee:
			Male: \$24.00 Female: \$24.00
			Neutered: \$13.00 Spayed: \$13.00

Proof Of Current Rabies Vaccination: Other: _____

Clinic:	Rabies #:	Vaccination Date:	Expiration Year:
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Animal Name:	Color:	Animal DOB:
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Major Breed:	Minor Breed:	Other Breed:
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Animal Name:	Color:	Animal DOB:
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Major Breed:	Minor Breed:	Other Breed:
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