

Dog License
Town of Eagle Point
Chippewa County

Owners Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____

Dog's Name: _____

Breed: _____

Color: _____

Male or Female (circle one)

Neutered or Spayed (circle one)

Date of Rabies Vaccination: _____/_____/_____

Expiration Date of Rabies Vaccination: _____/_____/_____

Veterinarian Clinic Name: _____ Phone Number: _____

License fee is \$15.00 per dog, submit filled out form and check payable to: Town of Eagle Point

Kevin Lueck
17502 175th Ave.
Bloomer, WI 54724
Any questions call: 715-933-1018

A receipt and tag will be sent to you.

*****Office use*****

Date Received check/Form: _____/_____/_____

Date sent out receipt/tag: _____/_____/_____

Tag Number: _____