

PET APPLICATION – LICENSES DUE ANNUALLY BY MARCH 31ST

Rabies Tag # _____

Date issued _____

Expires _____

Fee: \$5.00 spayed or neutered
10.00 not spayed or neutered

Town of Clifton
N7401 1195th Street
River Falls, WI 54022
If possible, please send the Vet's
statement with the information.

Pet's name _____

Sex _____

Spayed or Neutered _____

Breed _____

Color _____

Vet. Clinic _____

Responsible party _____

Address _____

Phone number _____

Property address _____