$55.00 per 15 dogs

Application for Kennel License

Town of Washington
5750 Old Town Hall Road
Eau Claire, WI 54701
(715) 834-3257

Date of application _____ License expires December 31, 20___

Full name of applicant _____

Address of applicant _____

Name of Kennel _____

Address of Kennel _____

Home phone # _____ Kennel phone #_____

Number of Dogs _____ Breed of Dogs _____

Housed Indoors _____ Housed Outdoors _____

Name	Rabies License #	Date Given	Date Expired

Veterinary Hospital _____ Veterinary Doctor _____

Having knowledge of all governmental laws, rules or regulations governing the keeping or protection of animals, I hereby certify that all statements made in the foregoing application are true and correct.

_____

_____
Signature of Applicant(s)