

Hall Location:  
99 75<sup>th</sup> Street  
Clear Lake, WI 54005

TOWN OF BLACK BROOK  
715-263-2932

Mailing Address:  
P.O. BOX 44  
Amery, WI 54001

Erik Henningsgard, Chairman  
Jake Macholl, Supervisor I  
Matt Belle Isle, Supervisor II

Janel Belle Isle, Clerk  
Darcy Lorsche, Treasurer

### Dog License/Tag Information

Complete the following and mail with payment to the above address.

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dog #1

Name: \_\_\_\_\_

Sex: Male / Female                      Neutered or Spayed: Yes / No

Color: \_\_\_\_\_

Breed: \_\_\_\_\_

Vaccination Date \_\_\_\_\_ Good through \_\_\_\_\_

Vet: \_\_\_\_\_

Dog #2

Name: \_\_\_\_\_

Sex: Male / Female                      Neutered or Spayed: Yes / No

Color: \_\_\_\_\_

Breed: \_\_\_\_\_

Vaccination Date \_\_\_\_\_ Good through \_\_\_\_\_

Vet: \_\_\_\_\_

Dog #3

Name: \_\_\_\_\_

Sex: Male / Female                      Neutered or Spayed: Yes / No

Color: \_\_\_\_\_

Breed: \_\_\_\_\_

Vaccination Date \_\_\_\_\_ Good through \_\_\_\_\_

Vet: \_\_\_\_\_

**MUST include a copy of current rabies certificate(s) to receive tag(s).**

Signature of Owner: \_\_\_\_\_ Date \_\_\_\_\_

Total enclosed: \_\_\_\_\_ Check #: \_\_\_\_\_

\$5 per spayed/neutered

\$10 per non-spayed/neutered

\$50 per kennel license – contact the treasurer for more information.