TOWN OF MORGAN **** DOG LICENSE APPLICATION

Please complete the form below and enclose with:

Payment made to the Town of Morgan
Copy of Rabies Vaccination Certificate(s)
Self-addressed stamped envelope for tag(s)

Send to: Town of Morgan Treasurer
3276 County Rd E
Oconto Falls, WI 54154

For questions, call: 920-846-4246

Owner's Name: _____

Address: _____
(Not a PO Box Number)

Phone Njmber: _____

				Please check all that Apply				
Name of Dog	Breed	Color	Date of Last Rabies Shot	$8.00 Male	$3.00 Nuetered	$8.00 Female	$3.00 Spayed	$35.00 Kennel