CITY OF WAMEGO

2021

DOG TAG REGISTRATION

Name of Owner: _____

Owners Address: _____

_____

Contact Phone No: _____

Fee: $10.00 per tag

****During the month of January, dog tags are free****

PET INFORMATION:

Name:_____Breed: _____

Color: _____ Sex: ☐ Male ☐ Female

IMPORTANT: Provide proof of rabies vaccination.

*Owners Signature:_____Date: _____

***Permit expires annually on December 31st.**

Office Use Only:

Completed tag registration yes no

Received proof of rabies vaccination yes no

Tag #_____

Processed by: _____