Owner's Name:_____ **Owner'sAddress:**_____

Phone #:_____ Name of Vet:_____

Name of Dog:_____Breed:_____Color:_____

SEX:

__ Male __ Neutered Male Date Rabies Shot:_____Expiration Date:_____

__ Female __ Spayed Female Vaccine Mfg:_____ Serial # _____

MAIL TO: Christine Lamb, Treasurer – Town of Salem
P.O. Box 443, Salem, WI 53168-0443 -----262-843-2313