

TOWN OF RIVERVIEW
APPLICATION FOR DOG LICENSE

You must complete all information on this form to receive a dog license.

Owner's Name:
Owner's Address:
Owner's Telephone Number: ()
Name of Veterinarian:
Vet's Telephone Number: ()

Dog's Name:
Breed:
Color:
<input type="checkbox"/> Male <input type="checkbox"/> Female
Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Rabies Vaccine: / /
Rabies Tag #:

Dog's Name:
Breed:
Color:
<input type="checkbox"/> Male <input type="checkbox"/> Female
Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Rabies Vaccine: / /
Rabies Tag #:

Dog's Name:
Breed:
Color:
<input type="checkbox"/> Male <input type="checkbox"/> Female
Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Rabies Vaccine: / /
Rabies Tag #:

Dog's Name:
Breed:
Color:
<input type="checkbox"/> Male <input type="checkbox"/> Female
Neutered/Spayed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Rabies Vaccine: / /
Rabies Tag #:

If you have four or more dogs, contact the Town Treasurer to obtain a Kennel License.