

**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: (        )

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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.