

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: _____

Telephone Number: () _____

Name of Veterinarian: _____

Telephone Number: _____

Dog's Name: _____

M/F: _____ Breed: _____

Color: _____

Neutered/Spayed: _____

Date of Rabies Vac: _____

Rabies Tag#: _____

Dog's Name: _____

M/F: _____ Breed: _____

Color: _____

Neutered/Spayed: _____

Date of Rabies Vac: _____

Rabies Tag#: _____

Dog's Name: _____

M/F: _____ Breed: _____

Color: _____

Neutered/Spayed: _____

Date of Rabies Vac: _____

Rabies Tag#: _____

Dog's Name: _____

M/F: _____ Breed: _____

Color: _____

Neutered/Spayed: _____

Date of Rabies Vac: _____

Rabies Tag#: _____

If you have 4 or more dogs, contact the Town Treasurer to obtain a Kennel License.