

2003
River Heights City
Dog License Application

Date: _____

Owner Information:

Name _____

Address _____

—

Telephone _____

Dog Information:

1. Dog's Name _____ Breed _____ Tag # _____

* Date Rabies Vaccination Expires: _____ Spayed _____ Neutered _____

2. Dog's Name _____ Breed _____ Tag# _____

* Date Rabies Vaccination Expires: _____ Spayed _____ Neutered _____

**(Note: Anyone owning 3 or more dogs must apply for a
Kennel Conditional Use Permit)**

3. Dog's Name _____ Breed _____ Tag # _____

* Date Rabies Vaccination Expires: _____ Spayed _____ Neutered _____

4. Dog's Name _____ Breed _____ Tag # _____

* Date Rabies Vaccination Expires: _____ Spayed _____ Neutered _____

Kennel License # _____

Tag Fee \$ _____

Late Fee \$ _____

Total Paid: \$ _____

* Proof of rabies is required.