

# River Heights City Dog License Application

520 South 500 East

752-2646

**Date:** \_\_\_\_\_

## **Owner Information:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **Email** \_\_\_\_\_

**Telephone numbers** \_\_\_\_\_

## **Dog Information:**

1. Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

\* Rabies Expires \_\_\_\_\_ Male/Female \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_ City Tag # \_\_\_\_\_

2. Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

\* Rabies Expires \_\_\_\_\_ Male/Female \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_ City Tag # \_\_\_\_\_

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

3. Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

\* Rabies Expires \_\_\_\_\_ Male/Female \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_ City Tag # \_\_\_\_\_

4. Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

\* Rabies Expires \_\_\_\_\_ Male/Female \_\_\_\_\_ Spayed/Neutered \_\_\_\_\_ City Tag # \_\_\_\_\_

Tag Fee \$ \_\_\_\_\_ (\$10 if spayed/neutered; \$20 otherwise)

Late Fee \$ \_\_\_\_\_ (\$10/month starting March 2)

Kennel Fee \$ \_\_\_\_\_ (\$25 - A Kennel Conditional Use Permit is required.)

**Total Paid:** \$ \_\_\_\_\_

**Kennel License #** \_\_\_\_\_

\* Proof of rabies is required.