



TOWN OF RIVER BEND Pet Registration Form

Registration Date _____

<hr/>	<hr/>	<hr/>
First Name	Last Name	Address
<hr/>		<hr/>
Home Phone		Cell Phone
<hr/>		Work Phone
<hr/>		<hr/>
Tag No.		Rabies Tag Number
<hr/>		<hr/>
Pet Name		Rabies Vaccination Expiration
<hr/>		<hr/>
<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Male <input type="checkbox"/> Female
<hr/>		Color
<hr/>		<hr/>
Breed/Description		Photo on File? <input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>		<hr/>
<hr/>		<hr/>
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<hr/>		Color
<hr/>		<hr/>
Breed/Description		Photo on File? <input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>		<hr/>

TRB #32 (Rev. 10/17)

Please notify Town Hall of any change in pet ownership
Registration Fee: \$10.00 per animal
This River Bend Pet Registration will expire on March 31st annually

Tag No.	Rabies Tag Number
Pet Name	Rabies Vaccination Expiration
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Male <input type="checkbox"/> Female	Color
Breed/Description	Photo on File? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Pet Name	Rabies Vaccination Expiration
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Pet Name	Rabies Vaccination Expiration
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Male <input type="checkbox"/> Female	Color
Breed/Description	Photo on File? <input type="checkbox"/> Yes <input type="checkbox"/> No
Tag No.	Rabies Tag Number
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