



P.O. Box 280
 1819 L Street
 Belleville, KS 66935
 785-527-2288 Fax:785-527-2334

DOG LICENSE REGISTRATION

Proof of current rabies vaccination must accompany this registration.

*** PLEASE PRINT ***

DOG IDENTIFICATION

Dog's Name	Special Markings
Dog Breed	Dog Color
If Mixed Breed	
Primary Breed _____	
Secondary Breed _____	
Sex	
Male _____ Female _____ Unsexed _____	

Rabies Information:

Please provide the following information about your dog.
Rabies Tag Number _____
Exact Vaccination Date _____
Vaccination Expiration _____
a copy of the current Rabies Certificate must be attached

Dog Owner Name: _____

Street Address: _____

Mailing Address: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

**NOTE: If owner is less than 18 years of age, parent or guardian shall be deemed the owner of record and this form must be completed and signed by them.

Owner's Signature _____ Date _____

This is a registration for a City of Belleville dog tag. All dogs that have attained the age of three (3) months or older must be tagged annually. Dog tags are annual and expire December 31st.

Please PRINT all information and sign the form.

Markings - please indicate if any special markings; *i.e. one or both ears have been clipped*

 FOR OFFICE USE ONLY

Date: _____ Tag Expires: _____ Dog Tag Number: _____