

**CHANGE IN STATUS/OWNERSHIP OF DOG:**

Owner/Keeper: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. : \_\_\_\_\_

Due to the disposition checked below, a current dog license is not required by the above noted owner/keeper, for the following pet:

Pet Name: \_\_\_\_\_

Deceased

Sold or given to: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ City Official: \_\_\_\_\_

Penalties, Fees and Court Costs may be imposed by governing agencies for violation of dog licensing laws. Current Rabies information must be submitted before a dog license can be issued. Return this form to:  
City of Bella Vista, P O Box 5655, Bella Vista AR 72714.