

APPLICATION /RECEIPT FOR DOG LICENSE # _____
City of Bella Vista Arkansas, Benton County

DATE ____/____/____

Owner/Keeper _____

Pet Name _____

Address _____

Color _____

Phone _____ Zip Code: _____

Breed _____

Male \$20.00

Female \$20.00

Late Fee \$10.00

Neutered \$10.00

Spayed \$10.00

Paid by: Cash __ Check__ No. _____

Veterinarian _____ Rabies Exp. Date ____/____/____ Rabies Tag # _____

OWNER 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. Please make checks payable to City of Bella Vista and mail to PO Box 5655, Bella Vista, AR 72714
