



Village of Brighton

206 S. Main St.
Brighton IL, 62012

DOG TAG REGISTRATION (PLEASE PRINT)

Owner's Name: _____ Phone Number: _____

Address: _____

• **Pet's Name:** _____ **Age:** _____ **Sex:** F / M **Spay / Neuter**

Breed: _____ **Color/ Markings:** _____

Last Rabies Vaccination: _____ **Vaccination Given:** 1 Year 3 Year

Tag Issued: _____

• **Pet's Name:** _____ **Age:** _____ **Sex:** F / M **Spay / Neuter**

Breed: _____ **Color/ Markings:** _____

Last Rabies Vaccination: _____ **Vaccination Given:** 1 Year 3 Year

Tag Issued: _____

• **Pet's Name:** _____ **Age:** _____ **Sex:** F / M **Spay / Neuter**

Breed: _____ **Color/ Markings:** _____

Last Rabies Vaccination: _____ **Vaccination Given:** 1 Year 3 Year

Tag Issued: _____

It is required that all dogs be registered **annually** with the Village of Brighton per Municipal Code 5-5-15. Registering your dog with the Village of Brighton may help us locate your dog in the event it gets lost. If you move or change your phone number, please contact the Village Clerk to update. If the owner of the dog is not located, it will be taken into custody by County Animal Control. All dogs and cats must be vaccinated. Harboring (feed, allow on property, or keep) stray animals is prohibited per Municipal Code 5-5-9 ordinance 688. Violations per persons found guilty of any animal control violation will be imposed.

\$5.00 per Dog Tag

Owner's Signature: _____ **Date:** _____

Clerk Signature: _____