



COMMONWEALTH OF VIRGINIA



Dangerous Dog Registration Form and Registration Certificate

This form is to be used for the initial registration of dogs deemed dangerous by a court of law in the Commonwealth of Virginia.

ALL INFORMATION MUST BE COMPLETED AND VERIFIED TO BE ACCURATE BY THE LOCAL ANIMAL CONTROL OFFICER.

Basic Case Information

Jurisdiction:	Adjudication date:
ACO:	Date submitted:

Primary Owner Information

Name:	Daytime phone #:
Address:	Evening phone #:
	Cellular phone #:
Place of employment:	Work phone #:

Secondary Owner Information

Are there any Secondary Owners? **Y or N**

If Yes:
 Number of Secondary Owners:
 Attach a Dangerous Dog Secondary Owner Form for each secondary owner.

Trial Docket Information

Docket #:	Parties:
Court:	Judge:
Acts that resulted in the dog being deemed dangerous:	
Additional requirements imposed by the judge on the owner of the dangerous dog:	
Any other complaints or incidents of attack by the dangerous dog upon any person or cat or dog after the dog was declared dangerous; or any claims made or lawsuits brought as a result of any attack after the dog was declared dangerous:	

Dog Information

Name:	Sex:
Year of birth:	Weight:
Primary breed:	Secondary breed:
Color and markings:	
2 digital photographs are required for the Dangerous Dog Registry Check when completed: <input type="checkbox"/> Front view (top of head to paws) <input type="checkbox"/> Side view (top of head to paws)	

License and Rabies Vaccination

License #:	License jurisdiction and year:
Rabies tag #:	Expiration date:
Veterinary practice name:	Veterinary practice address:
Veterinary practice phone #:	

Permanent Identification

Identification Number:	
<input type="checkbox"/> Tattoo or <input type="checkbox"/> Microchip, Microchip Manufacturer:	
Veterinary practice name: <input type="checkbox"/> Check here if same provider as rabies vaccination	Veterinary practice address: <input type="checkbox"/> Check here if same provider as rabies vaccination
Veterinary practice phone #: <input type="checkbox"/> Check here if same provider as rabies vaccination	

Sterilization

<input type="checkbox"/> Dog is permanently sterilized	Sterilization Date:
Veterinary practice name: <input type="checkbox"/> Check here if same provider as rabies vaccination	Veterinary practice address: <input type="checkbox"/> Check here if same provider as rabies vaccination
Veterinary practice phone #: <input type="checkbox"/> Check here if same provider as rabies vaccination	

Surety Bond or Liability Insurance

<input type="checkbox"/> Surety bond of \$100,000 or <input type="checkbox"/> Liability insurance of at least \$100,000 that covers animal bites	
Insurance Company:	
Policy #:	Expiration date:

Property of Primary Owner

Proper enclosure verified

Proper posting of dangerous dog signs verified

Signature of Primary Owner

I understand that this dangerous dog must be leashed and muzzled whenever it is outside its proper enclosure or my residence.

I understand that I must immediately inform animal control if this dangerous dog is loose or unconfined; bites a person or attacks another animal; or is sold, given away or dies.

I understand that if I move within the Commonwealth of Virginia I must notify animal control for both the old and new address within 10 days.

I, _____, owner of _____, a dog found to be dangerous by a court of competent jurisdiction in Virginia, am in compliance with and will continue to be in compliance with all provisions and requirements of the Virginia Dangerous Dog Law as set forth in §§ 3.2-6540 and 3.2-6542 of the Code of Virginia and 2 VAC 5-XXX, Rules and Regulations Pertaining to the Dangerous Dog Registry.

Signature

Date

Registration Certificate

Virginia Dangerous Dog Tag #:

I, _____, have to the best of my ability verified all information on this Dangerous Dog Registration Form and hereby certify the registration of this dangerous dog.

Animal Control Officer Signature

Date