



# 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.**

Primary Owner Information	
Name (First, MI, Last):	Day phone #:
Address:	Work phone #:
	Evening phone #:
Place of employment:	Cell phone #:

Secondary Owner Information
Are there any Secondary Owners? Y <input type="checkbox"/> or N <input type="checkbox"/>
<i>If Yes:</i> Number of Secondary Owners: <i>Attach a Dangerous Dog Secondary Owner Form for each secondary owner.</i>

Trial Docket Information	
Jurisdiction:	Adjudication date:
Animal Control Officer:	
Acts that resulted in the dog being deemed dangerous:	
Docket Number:	Parties:
Court:	Judge:
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	
Dangerous Dog Tag Number:	
Name:	Sex:
Year of birth:	Weight:
Primary breed:	Secondary breed:
Color and markings:	

Current Rabies Vaccination Information	
Rabies tag #:	Rabies Expiration date:
Veterinary establishment name:	Veterinary establishment address:
Veterinary establishment phone #:	

City/County Dog License Information	
License tag #:	License jurisdiction and year:

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

Property of Primary Owner	
<input type="checkbox"/> Proper enclosure verified	<input type="checkbox"/> Proper posting of dangerous dog signs verified

Permanent Identification	
Identification Number:	Identification Type (check at least one): <input type="checkbox"/> Tattoo <input type="checkbox"/> Microchip
Microchip Manufacturer:	
Veterinary establishment name:	Veterinary establishment address: <input type="checkbox"/> Check here if same provider as rabies vaccination
<input type="checkbox"/> Check here if same provider as rabies vaccination	
Veterinary establishment phone #:	
<input type="checkbox"/> Check here if same provider as rabies vaccination	

## Surety Bond or Liability Insurance

Surety bond of \$100,000 or  Liability insurance of at least \$100,000 that covers animal bites

Insurance Company:

Policy #:

Expiration date:

## Dog Photos

Front view (top of head to paws)

Side view (top of head to paws)

## 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 inform animal control within 24 hours if this dangerous dog is loose or unconfined; bites or attacks another person or animal; is sold, given away or dies; or if any claims are made or lawsuits are brought as a result of any attack by the dog.

I understand that if the dangerous dog is moved to a different location, or if my contact information changes in any way at any time, I shall submit a renewal containing the address of the new location or other updated information 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 5-620, Rules and Regulations Pertaining to the Dangerous Dog Registry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Registration Certificate

Virginia Dangerous Dog Tag #:

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

\_\_\_\_\_  
Animal Control Officer Signature

\_\_\_\_\_  
Date