



COMMONWEALTH OF VIRGINIA



Dangerous Dog Secondary Owner Form

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

Dangerous Dog Information	
Dangerous Dog Name:	Virginia Dangerous Dog Tag#:

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

Secondary Owner Property Information	
<i>Complete only if the dog is routinely housed by secondary owner</i>	
<input type="checkbox"/> Proper enclosure verified	<input type="checkbox"/> Proper posting of dangerous dog signs verified
<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:

Signature of Secondary Owner	
<input type="checkbox"/>	I understand that this dangerous dog must be leashed and muzzled whenever it is outside its proper enclosure or my residence.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<p>I, _____, owner of _____, a dog found to be dangerous by a court of competent jurisdiction in Virginia, is (are) 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 Establishment of the Dangerous Dog Registry.</p>	
Signature _____	Date _____