



Dangerous Dog Registration Change of Address Supplemental Owner Information Form

PLEASE SUBMIT TO YOUR ANIMAL CONTROL OFFICER

ALL INFORMATION MUST BE COMPLETED AND VERIFIED TO BE ACCURATE BY THE LOCAL ANIMAL CONTROL OFFICER. Please attach additional sheets as necessary.

Date Submitted: ____/____/____
(mm/dd/yyyy)

Local Jurisdiction: _____

Assigned Animal Control Officer: _____
First Middle Initial Last

Address: _____
Street City State Zip

Work Phone: (____) _____ Cell Phone: (____) _____

VIRGINIA DANGEROUS DOG TAG NUMBER: _____

SUPPLEMENTARY OWNER INFORMATION - OLD ADDRESS:

Supplementary Owner's Name:			

First	Middle Initial	Last	
If the owner of a dog found to be dangerous is less than 18 years of age, the legal guardian shall be considered the owner of the dangerous dog.			
Home address:			

Street	City	State	Zip
Local Jurisdiction: _____			
Employment Information			
Place of employment: _____			
Address: _____			
Street	City	State	Zip
Daytime Phone: (____) _____		Work Phone: (____) _____	
Evening Phone: (____) _____		Cell Phone: (____) _____	

SUPPLEMENTARY OWNER INFORMATION – NEW ADDRESS:

Supplementary Owner's Name:

First Middle Initial Last

If the owner of a dog found to be dangerous is less than 18 years of age, the legal guardian shall be considered the owner of the dangerous dog.

Home address:

Street City State Zip

Local Jurisdiction: _____

Employment Information

Place of employment: _____

Address: _____

Street City State Zip

Daytime Phone: (____) _____ Work Phone: (____) _____

Evening Phone: (____) _____ Cell Phone: (____) _____