



## Dangerous Dog Verification of Compliance and Registration 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:** \_\_\_\_\_

### SUPPLEMENTAL OWNER'S INFORMATION

Supplemental 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: (\_\_\_\_) \_\_\_\_\_