



Dangerous Dog Verification of Compliance and Registration 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: ____/____/____ Final Adjudication date: ____/____/____
(mm/dd/yyyy)

Local Jurisdiction: _____

Assigned Animal Control Officer: _____
First Middle Initial Last

Contact Information

Work Address:

Street City State Zip

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

PRIMARY OWNER INFORMATION (Dangerous dog lives with primary owner):

If more than one owner check here , indicate the number of owners _____, and attach a Supplemental Owner Information Form for each owner. Number of Supplemental Owner forms attached: _____

Primary 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

Employment information

Place of employment: _____

Address: _____
Street City State Zip

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

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

TRIAL DOCKET INFORMATION:

1. The acts that resulted in the dog being designated as dangerous:

2. Docket Number: _____

Parties: _____

Court: _____

Judge: _____

Requirements imposed by the judge on the owners of the dangerous dog:

3. Any other complaints or incidents of attack by the dangerous dog upon any person or cat or dog after the dog is declared dangerous:

4. Any claims made or lawsuits brought as a result of any attack after the dog is declared dangerous:

DANGEROUS DOG IDENTIFICATION INFORMATION:

Assigned Animal Control Officer: Check boxes if information is verified and provide all required information.

5. Name of dangerous dog: _____

6. Two photographs (Digital Photographs must be submitted electronically to State Veterinarian):

Front View (top of head to paws)

Side view (top of head to paws)

7. Sex: Male Female

8. Year of Birth (yyyy): _____

9. Weight (pounds): _____

10. Primary breed: _____

11. Secondary breed: _____

12. Color and markings: _____

13. **CURRENT RABIES VACCINATION CERTIFICATE VERIFIED**

14. Rabies Tag Number: _____

15. Expiration Date: ____/____/____

CURRENT RABIES VACCINATION CERTIFICATE INFORMATION (continued)

The owner has provided a copy to the animal control officer of the liability insurance coverage from a company licensed to do business in Virginia in the amount of at least \$100,000 that covers the owners for damages caused by animal bites. In lieu of liability insurance, the owner may obtain and maintain a bond of surety, in the amount of \$100,000. The bond shall be made to the chief administrative officer of the local jurisdiction and his successors for the damages resulting from the dangerous dog. The form of surety bond should be approved by the local jurisdiction's attorney.

- 37. Liability Insurance Surety Bond
- 38. Name of Company: _____
- 39. Policy or Bond Number: _____
- 40. Expiration Date: _____
- 41. **VIRGINIA DANGEROUS DOG TAG NUMBER ISSUED TO OWNER**
- 42. **VIRGINIA DANGEROUS DOG TAG NO.:** _____
- 43. **DANGEROUS DOG REGISTRATION CERTIFICATE ISSUED TO OWNER**
- 44. **DANGEROUS DOG REGISTRATION CERTIFICATE AND VERIFICATION OF COMPLIANCE INFORMATION SENT TO STATE VETERINARIAN**
- 45. **DANGEROUS DOG INITIAL REGISTRATION KIT ISSUED TO OWNER**

The undersigned do hereby certify that _____

owner(s) 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.

Signatures:

_____ PRIMARY OWNER	Date: _____
_____ OWNER	Date: _____
_____ OWNER	Date: _____
_____ LOCAL ANIMAL CONTROL OFFICER	Date: _____