



**LIABILITY INSURANCE FOR DOG IS REQUIRED:**

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

PICTURES – 2 pictures are required (please staple to form):

Front View (top of head to paws)	Side View (top of head to paws)

**MICROCHIP IS REQUIRED:**

Microchip Company: \_\_\_\_\_

Microchip Identification # \_\_\_\_\_

Are there other pets in your household?      Yes \_\_\_ No \_\_\_      If yes, please indicate quantity below:

Dogs \_\_\_ Cats \_\_\_ Birds \_\_\_ Other (Please specify) \_\_\_\_\_

Pet Doctor's or Hospital's Name \_\_\_\_\_

Pet Doctor's or Hospital's Telephone \_\_\_\_\_

Has pet been Spayed/Castrated?    Yes \_\_\_ No \_\_\_

Please indicate the date (month/year) your pet received the following vaccinations

Distemper/Parvo \_\_\_\_\_ Rabies \_\_\_\_\_ (Rabies Tag Number: \_\_\_\_\_)

FOR OFFICIAL USE ONLY:

**PROPER ENCLOSURE VERIFIED BY ANIMAL CONTROL OFFICER:**

\_\_\_\_\_  
Signature and date of inspection

**PROPER POSTING OF SIGNS VERIFIED BY ANIMAL CONTROL OFFICER:**

\_\_\_\_\_  
Signature and date of inspection

**LIABILITY INSURANCE VERIFIED BY CLERK'S OFFICE**

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**DANGEROUS DOG REGISTRATION NUMBER:** \_\_\_\_\_

**DATE CERTIFICATE AND TAG SENT TO OWNER:** \_\_\_\_\_