

## **Dangerous Dog Registration Change of Address Form**

Virginia Department of Agriculture & Consumer Services
Office of Veterinary Services
P.O. Box 1163
Richmond, Virginia 23218
(804) 692-0601

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

cal Jurisdiction:			
signed Animal Control Officer:			
		e Initial	Last
dress:Street	City	State	Zip
			•
ork Phone: ()	Cell Phone: ()		
plemental forms attached  IMARY OWNER – OLD AD			
Name:	Middle Initial		Last
If the owner of a dog found to b the owner of the dangerous dog	be dangerous is less than 18 years.	s of age, legal guardia	an shall be considered
		s of age, legal guardia	an shall be considered
the owner of the dangerous dog		s of age, legal guardia	nn shall be considered
the owner of the dangerous dog  Legal Guardian's Name:  First		s of age, legal guardia	
the owner of the dangerous dog  Legal Guardian's Name:  First  Home Address:  Street	. Middle Initial	State	Last Zip
the owner of the dangerous dog  Legal Guardian's Name:  First  Home Address:  Street  Place of employment:  Address:	Middle Initial  City	State	Last Zip
the owner of the dangerous dog  Legal Guardian's Name:  First  Home Address:  Street  Place of employment:	Middle Initial  City  City	State	Last Zip
the owner of the dangerous dog  Legal Guardian's Name:  First  Home Address:  Street  Place of employment:  Address:  Street  Local Jurisdiction:	Middle Initial  City  City	State	Last Zip Zip
the owner of the dangerous dog  Legal Guardian's Name:  First  Home Address:  Street  Place of employment:  Address:  Street  Local Jurisdiction:	Middle Initial  City  City  Work Phone: (	State	Last Zip Zip
the owner of the dangerous dog  Legal Guardian's Name:  First  Home Address:  Street  Place of employment:  Address:  Street  Local Jurisdiction:  Daytime Phone: ()	City  City  Work Phone: ( Cell Phone: (	State State	Last Zip Zip

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#### **PRIMARY OWNER – NEW ADDRESS:**

	Middle Initial		Last
If the owner of a dog found to be dang the owner of the dangerous dog.	gerous is less than 18 yea	rs of age, the legal gu	ardian shall be conside
Legal Guardian's Name:	M. Th	T 00 1	
Home address:			
Street	City	State	Zip
Place of employment:			
Address:Street	City	Stata	Zip
Local Jurisdiction:			
Daytime Phone: ()	Work Phone: (_	)	
Evening Phone: ()	Cell Phone: (	)	
Address where the dangerous dog is n	naintained:		
Street	City	State	Zip
GINIA DANGEROUS DOG TAC  undersigned do hereby certify that, a dog in compliance with and will continue to the gerous Dog Law as set forth in §§ 3.1-7 Regulations Pertaining to the Establishin atures:	g found to be dangerous be to be in compliance with 196.93:1 and 3.1-796.93:3	y a court of competen all provisions and req 3 of the Code of Virgi	t jurisdiction in Virginuirements of the Virgin
andersigned do hereby certify that, a dog in compliance with and will continue to gerous Dog Law as set forth in §§ 3.1-7 Regulations Pertaining to the Establish atures:	g found to be dangerous be to be in compliance with 196.93:1 and 3.1-796.93:3 ment of the Dangerous De	y a court of competen all provisions and req 3 of the Code of Virgi	t jurisdiction in Virginuirements of the Virginal and 2 VAC 5-620,
andersigned do hereby certify that, a dog in compliance with and will continue to gerous Dog Law as set forth in §§ 3.1-7 Regulations Pertaining to the Establish atures:	g found to be dangerous be to be in compliance with 196.93:1 and 3.1-796.93:3 ment of the Dangerous De	y a court of competen all provisions and required of the Code of Virging Registry.  Date:	t jurisdiction in Virgin uirements of the Virgin nia and 2 VAC 5-620,
andersigned do hereby certify that, a dog in compliance with and will continue t gerous Dog Law as set forth in §§ 3.1-7 Regulations Pertaining to the Establish atures:	g found to be dangerous be to be in compliance with 196.93:1 and 3.1-796.93:3 ment of the Dangerous D	y a court of competen all provisions and request of the Code of Virging og Registry.	t jurisdiction in Virgin uirements of the Virgin nia and 2 VAC 5-620,
undersigned do hereby certify that, a dog er(s) of, a dog in compliance with and will continue to gerous Dog Law as set forth in §§ 3.1-7 Regulations Pertaining to the Establish atures:  OWNER  OWNER	g found to be dangerous be to be in compliance with 196.93:1 and 3.1-796.93:3 ment of the Dangerous De	y a court of competen all provisions and required of the Code of Virging Registry.  Date:	t jurisdiction in Virginuirements of the Virginia and 2 VAC 5-620,
andersigned do hereby certify that, a dog in compliance with and will continue to gerous Dog Law as set forth in §§ 3.1-7 Regulations Pertaining to the Establishmatures:  OWNER  OWNER	g found to be dangerous be to be in compliance with 196.93:1 and 3.1-796.93:3 ment of the Dangerous De	y a court of competential provisions and required of the Code of Virging Registry.  Date:	t jurisdiction in Virginuirements of the Virginia and 2 VAC 5-620,

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# **Dangerous Dog Registration Change of Address Supplemental Owner Information Form**

Virginia Department of Agriculture & Consumer Services
Office of Veterinary Services
P.O. Box 1163
Richmond, Virginia 23218
(804) 692-0601

## 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:			
		State	Zip
Work Phone: ()	Cell Phone: (_	)	<del></del>
VIRGINIA DANGEROUS DOG	TAG NUMBER:		
OWNER INFORMATION - OLD	ADDRESS:		
Name:			
Name:First	Middle Initial		Last
If the owner of a dog found to be dan the owner of the dangerous dog.  Legal Guardian's Name:	gerous is less than 18 ye	ars of age, the legal	guardian shall be considered
First Home address:	Middle Initial		Last
Street	City	State	Zip
Place of employment:			
Address:	City	State	Zip
Local Jurisdiction:			•
Daytime Phone: ()			
Evening Phone: ()	Cell Phone: (	)	
Address where the dangerous dog is a	maintained:		
Street	City	State	Zip

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### **OWNER INFORMATION – NEW ADDRESS:**

First	Middle Initial		Last
If the owner of a dog found to be dangerous dog.	angerous is less than 18 year	s of age, the legal	guardian shall be c
Legal Guardian's Name:			
First Home address:	Middle Initial		Last
Street	City	State	Zip
Place of employment:			
Address:			
Street  Local Jurisdiction:	City	State	Zip
Daytime Phone: ()	work Phone:	()	
Evening Phone: ()	Cell Phone:	()	
Address where the dangerous dog i	s maintained:		
Street	City	State	Zip

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#### **Dangerous Dog Registration Remittance Form**

Return forms to: Virginia Department of Agriculture & Consumer Services
Finance Office
P. O. Box 526
Richmond, VA 23218-0526
(804) 692-0601

## REMITTANCE FORM Dangerous Dog Registration

#### YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT FOR YOUR FEE(S)

Name:	
Address:	
Local Jurisdiction:	
Virginia Dangerous Dog Tag Number:	
Initial Registration Fee (\$100):	\$ (309 – 02626)
Annual Renewal Registration Fee (\$35):	\$ (309 – 02626)
Returned Check fee (\$20):	\$ (309 – 08135)
Total Fees:	\$ Check Number:

#### MAKE CHECK or MONEY ORDER PAYABLE TO "TREASURER OF VIRGINIA"

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

PLEASE MAIL COMPLETED REGISTRATION REMITTANCE FORM WITH CHECK OR MONEY ORDER ATTACHED TO:

Virginia Department of Agriculture and Consumer Services
Finance Office
P.O. Box 526
Richmond, VA 23218-0526



#### **Dangerous Dog Renewal Registration Form**

Virginia Department of Agriculture & Consumer Services
Office of Veterinary Services
P.O. Box 1163,
Richmond, Virginia 23218
(804) 692-0601

IMPORTANT: COMPLETE ONLY THAT INFORMATION THAT HAS CHANGED OR REQUIRES UPDATING SINCE THE LAST REGISTRATION. ALL INFORMATION MUST BE COMPLETED AND VERIFIED TO BE ACCURATE BY THE LOCAL ANIMAL CONTROL OFFICER. Please attach additional sheets as necessary.

additional sheets as necessary. CHECK HERE IF THERE IS A CHANGE IN INFORMATION ON THIS FORM. Date Submitted: \_\_\_\_/\_\_\_ Final Adjudication date: \_\_\_\_/\_\_\_ Local Jurisdiction: Assigned Animal Control Officer: \_\_\_ Middle Initial Last Address: \_\_\_\_ Zip State City Cell Phone: ( Work Phone: ( ) PRIMARY OWNER INFORMATION (Dangerous dog is maintained by this person): If more than one owner, check here , indicate the number of owner's \_\_\_\_\_, and attach a Supplemental Owner Information sheet for each owner. Number of Supplemental Owner forms attached \_\_\_\_\_. Name: \_\_\_\_ Middle Initial 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. Legal Guardian's Name Middle Initial Home address: State Street City Place of employment: Address: \_\_\_\_ City Local Jurisdiction: Evening Phone: (\_\_\_\_)\_\_\_\_\_\_Cell Phone: (\_\_\_\_)\_\_\_\_ Address where the dangerous dog is maintained: Zip City State

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	The acts that resulted in the dog being designated as dangerous:
2.	Trial Docket Information:
	Docket No.:
	Parties:
	Court:
	Judge:
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:
ssigi	GEROUS DOG IDENTIFICATION INFORMATION: ned Animal Control Officer: Check boxes if information is verified and provide all required nation.
ssigi form	ned Animal Control Officer: Check boxes if information is verified and provide all required
ssigi form 5.	ned Animal Control Officer: Check boxes if information is verified and provide all required nation.
ssigi form 5.	ned Animal Control Officer: Check boxes if information is verified and provide all required nation.  Name of dangerous dog:
ssign form 5. 6.	ned Animal Control Officer: Check boxes if information is verified and provide all required nation.  Name of dangerous dog:  Two photographs (Photographs must be submitted to State Veterinarian)
ssign form 5. 6.	Name of dangerous dog:  Two photographs (Photographs must be submitted to State Veterinarian)  Front View (top of head to paws)  Sex: Male  Female
5. 6.	Name of dangerous dog:  Two photographs (Photographs must be submitted to State Veterinarian)  Front View (top of head to paws)  Sex: Male  Female  Age:
5. 6. 7. 8. 9.	Name of dangerous dog:  Two photographs (Photographs must be submitted to State Veterinarian)  Front View (top of head to paws)  Sex: Male  Female
5. 6. 7. 8. 9. 10	Name of dangerous dog:  Two photographs (Photographs must be submitted to State Veterinarian)  Front View (top of head to paws)  Sex: Male Female  Age:  Weight:

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13. CURRENT RABIES VACCINATION CERTIFICATE VERIFIED

14. Rabies Tag No.:\_\_\_\_\_

15. Expiration Date: \_\_\_\_/\_\_\_\_(mm/dd/yyyy)

## **CURRENT RABIES VACCINATION CERTIFICATE INFORMATION (continued)**

16. Name of Veterinary Practice:			
17. Veterinary Practice Address:			
Street 18. Telephone: ()	City	State	Zip
LOCAL DOG LICENSE INFORM	ATION		
19. Current Dog License			
20. Local Jurisdiction:			
21. License Tag Year:	Serial No.:		
SPAY OR NEUTER INFORMATION	ON		
22. Dog has been spayed (female),	or neutered (male)		
23. Date:/(mr	m/dd/yyyy)		
24. Name of Veterinary Practice:			
25. Veterinary Practice Address:			
Street	City	State	Zip
26. Telephone No. of Veterinary Prac	tice: ()		
27. <b>PROPER ENCLOSURE VERII</b>	FIED		
Evidence that the dangerous dog is an	d will continue to be con	nfined in a proper encl	losure or is and
will be confined inside the owner's re	sidence or is and will be	e muzzled and confined	d in the owner's
fenced-in yard until the proper enclos	ure is constructed.		
28. <b>PROPER POSTING OF SIGNS</b>	S VERIFIED		
Evidence that the residence is and wil	l continue to be posted v	with clearly visible sig	ns warning both
minors and adults of the presence of a	dangerous dog on the p	property.	
29. <b>PERMANENT IDENTIFICAT</b> I	I <b>ON VERIFIED</b> [] (Ta	ttoo or Microchip requir	red)
30. Tattoo □; Tattoo Number:			
31. Electronic Microchip ☐; Microchip	Number:		
32. Microchip Company:			
33. Name of Veterinary Practice:			
34. Veterinary Practice Address:			
Street	City	State	Zip
35 Telephone Number of Veterinary	Practice: ( )		

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a company licensed to do business in Virgowners for damages caused by animal bit maintain a bond of surety, in the amount administrative officer of the local jurisdic	mal control officer of the liability insurance coverage from ginia in the amount of at least \$100,000 that covers the es. In lieu of liability insurance, the owner may obtain and of \$100,000. The bond shall be made to the chief tion and his successors for the damages resulting from the 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. DANGEROUS DOG TAG NUMBE	ER ISSUED TO OWNER
42. VIRGINIA DANGEROUS DOG TA	AG NO.:
43. DANGEROUS DOG REGISTRAT	ION CERTIFICATE ISSUED TO OWNER $\square$
44. DANGEROUS DOG REGISTRAT	ION CERTIFICATE AND VERIFICATION OF
COMPLIANCE INFORMATION S	SENT TO STATE VETERINARIAN [
45. DANGEROUS DOG INITIAL REC	GISTRATION KIT ISSUED TO OWNER
The undersigned do hereby certify that	
dangerous by a court of competent jurisdiction to be in compliance with all provisions and re	owner(s) of, a dog found to be on in Virginia, is (are) in compliance with and will continue equirements of the Virginia Dangerous Dog Law as set the Code of Virginia and 2 VAC 5-620, Rules and
dangerous by a court of competent jurisdiction to be in compliance with all provisions and reforth in §§ 3.1-796.93:1 and 3.1-796.93:3 of the Regulations Pertaining to the Establishment of	owner(s) of, a dog found to be on in Virginia, is (are) in compliance with and will continue equirements of the Virginia Dangerous Dog Law as set the Code of Virginia and 2 VAC 5-620, Rules and
dangerous by a court of competent jurisdiction to be in compliance with all provisions and reforth in §§ 3.1-796.93:1 and 3.1-796.93:3 of the Regulations Pertaining to the Establishment of Signatures:	owner(s) of, a dog found to be on in Virginia, is (are) in compliance with and will continue equirements of the Virginia Dangerous Dog Law as set the Code of Virginia and 2 VAC 5-620, Rules and of the Dangerous Dog Registry.
dangerous by a court of competent jurisdiction to be in compliance with all provisions and reforth in §§ 3.1-796.93:1 and 3.1-796.93:3 of the Regulations Pertaining to the Establishment of Signatures:  OWNER	owner(s) of, a dog found to be on in Virginia, is (are) in compliance with and will continue equirements of the Virginia Dangerous Dog Law as set the Code of Virginia and 2 VAC 5-620, Rules and of the Dangerous Dog Registry.  Date:

36. LIABILITY INSURANCE OR SURETY BOND VERIFIED  $\square$ 

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### **Dangerous Dog Verification of Compliance and Registration Form**

Virginia Department of Agriculture & Consumer Services
Office of Veterinary Services
P.O. Box 1163
Richmond, Virginia 23218
(804) 692-0601

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: \_\_\_\_/\_\_\_ Local Jurisdiction: Assigned Animal Control Officer: \_\_\_ First Middle Initial Last **Contact Information** Address: \_\_\_\_ Zip Street State Work Phone: ( ) Cell Phone: ( ) PRIMARY OWNER INFORMATION: If more than one owner, check here , indicate the number of owner's \_\_\_\_\_, and attach a Supplemental Owner Information sheet for each owner. Number of Supplemental Owner forms attached \_\_\_\_\_\_. Middle Initial Name: \_\_\_\_\_ 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. Legal Guardian's Name: Middle Initial Home address: Street City State Place of employment: Address: \_\_\_\_ City State Zip Local Jurisdiction: \_\_\_\_\_ Evening Phone: ( ) Cell Phone: ( ) Address where the dangerous dog is maintained: City Street

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18.	
19.	Trial Docket Information: Docket Number:
	Parties:
	Court:
	Judge:
20.	Any other complaints or incidents of attack by the dangerous dog upon any person or cat or dog after the dog is declared dangerous:
21.	Any claims made or lawsuits brought as a result of any attack after the dog is declared dangerous:
NIC	
sign	SEROUS DOG IDENTIFICATION INFORMATION: ed Animal Control Officer: Check boxes if information is verified and provide all required ation.
sign Form 22.	SEROUS DOG IDENTIFICATION INFORMATION: ed Animal Control Officer: Check boxes if information is verified and provide all required ation.  Name of dangerous dog:
sign orm 22.	SEROUS DOG IDENTIFICATION INFORMATION: ed Animal Control Officer: Check boxes if information is verified and provide all required ation.
sign orm 22.	SEROUS DOG IDENTIFICATION INFORMATION: ed Animal Control Officer: Check boxes if information is verified and provide all required ation.  Name of dangerous dog:
esign Form 22. 23.	SEROUS DOG IDENTIFICATION INFORMATION:  ed Animal Control Officer: Check boxes if information is verified and provide all required ation.  Name of dangerous dog:  Two photographs (Photographs must be submitted to State Veterinarian):
22. 23.	EROUS DOG IDENTIFICATION INFORMATION:  ed Animal Control Officer: Check boxes if information is verified and provide all required ation.  Name of dangerous dog:  Two photographs (Photographs must be submitted to State Veterinarian):  Front View (top of head to paws)   Side view (top of head to paws)   Sex: Male   Female
22. 23. 24. 25.	EROUS DOG IDENTIFICATION INFORMATION:  ed Animal Control Officer: Check boxes if information is verified and provide all required ation.  Name of dangerous dog:  Two photographs (Photographs must be submitted to State Veterinarian):  Front View (top of head to paws)   Side view (top of head to paws)   Sex: Male   Female   Age:
22. 23. 24. 25. 26.	EROUS DOG IDENTIFICATION INFORMATION:  ed Animal Control Officer: Check boxes if information is verified and provide all required ation.  Name of dangerous dog:  Two photographs (Photographs must be submitted to State Veterinarian):  Front View (top of head to paws) Side view (top of head to paws)  Sex: Male Female  Age:  Weight:
22. 23. 24. 25. 26.	EEROUS DOG IDENTIFICATION INFORMATION:  ed Animal Control Officer: Check boxes if information is verified and provide all required ation.  Name of dangerous dog:  Two photographs (Photographs must be submitted to State Veterinarian):  Front View (top of head to paws)  Side view (top of head to paws)   Sex: Male Female   Age:  Weight:  Primary breed:
22. 23. 24. 25. 26. 27.	EROUS DOG IDENTIFICATION INFORMATION:  ed Animal Control Officer: Check boxes if information is verified and provide all required ation.  Name of dangerous dog:
22. 23. 24. 25. 26. 27. 28.	EEROUS DOG IDENTIFICATION INFORMATION:  ed Animal Control Officer: Check boxes if information is verified and provide all required ation.  Name of dangerous dog:
22. 23. 24. 25. 26. 27. 28. 29.	EROUS DOG IDENTIFICATION INFORMATION:  ed Animal Control Officer: Check boxes if information is verified and provide all required ation.  Name of dangerous dog:

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## **CURRENT RABIES VACCINATION CERTIFICATE INFORMATION (continued)**

33. Name of Veterinary Practice:			
34. Veterinary Practice Address:			
Street 19. Telephone: ()	City	State	Zip
LOCAL DOG LICENSE INFO	RMATION		
22. Current Dog License			
23. Local Jurisdiction:			
24. License Tag Year:	Serial No.:		
SPAY OR NEUTER INFORMA	ATION		
26. Dog has been spayed (female)	o _ , or neutered (male) _		
27. Date:/	(mm/dd/yyyy)		
28. Name of Veterinary Practice:			
29. Veterinary Practice Address:			
Street	City	State	Zip
27. Telephone No. of Veterinary l	Practice: ()		
27. PROPER ENCLOSURE VE	ERIFIED		
Evidence that the dangerous dog i	is and will continue to be cor	nfined in a proper encl	losure or is and
will be confined inside the owner	's residence or is and will be	muzzled and confined	d in the owner's
fenced-in yard until the proper en	closure is constructed.		
35. PROPER POSTING OF SIG	GNS VERIFIED		
Evidence that the residence is and	l will continue to be posted w	vith clearly visible sig	ns warning both
minors and adults of the presence	of a dangerous dog on the pr	roperty.	
36. <b>PERMANENT IDENTIFIC</b>	ATION VERIFIED [ (Tat	ttoo or Microchip requir	red)
37. Tattoo □; Tattoo Number:			
38. Electronic Microchip : Microc	chip Number.:		
39. Microchip Company:			
40. Name of Veterinary Practice:			
41. Veterinary Practice Address:			
Street	City	State	Zip
35. Veterinary practice phone: (	)		

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a company licensed to do business in Virgin owners for damages caused by animal bites maintain a bond of surety, in the amount of administrative officer of the local jurisdiction	al control officer of the liability insurance coverage from his in the amount of at least \$100,000 that covers the . In lieu of liability insurance, the owner may obtain and \$100,000. The bond shall be made to the chief on and his successors for the damages resulting from the bould be approved by the local jurisdiction's attorney.
46. Liability Insurance	Surety Bond
47. Name of Company:	•
48. Policy or Bond Number:	
49. Expiration Date:	
50. DANGEROUS DOG TAG NUMBER	ISSUED TO OWNER
51. VIRGINIA DANGEROUS DOG TAG	G NO.:
52. DANGEROUS DOG REGISTRATIO	ON CERTIFICATE ISSUED TO OWNER
53. DANGEROUS DOG REGISTRATIO	ON CERTIFICATE AND VERIFICATION OF
COMPLIANCE INFORMATION SE	ENT TO STATE VETERINARIAN
54. DANGEROUS DOG INITIAL REGI	STRATION KIT ISSUED TO OWNER
The undersigned do hereby certify that	
	_owner(s) of, a dog found to be
to be in compliance with all provisions and requ	in Virginia, is (are) in compliance with and will continue uirements of the Virginia Dangerous Dog Law as set a Code of Virginia and 2 VAC 5-620, Rules and the Dangerous Dog Registry.
Signatures:	
	Date:
OWNER	
	Date:
OWNER	
	Date:
OWNER	
	Date:
LOCAL ANIMAL CONTROL OFFICER	

36. LIABILITY INSURANCE OR SURETY BOND VERIFIED  $\square$ 

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## Dangerous Dog Verification of Compliance and Registration Supplemental Owner Information Form

Virginia Department of Agriculture & Consumer Services
Office of Veterinary Services
P.O. Box 1163
Richmond, Virginia 23218
(804) 692-0601

ALL INFORMATION MUST BE ANIMAL CONTROL OFFICER				LOCAL
Date Submitted://	(mm/dd/yyyy)			
Local Jurisdiction:				
Assigned Animal Control Office	First	Middle Initial	Last	
Address:	City	Charles	7:	
Work Phone: ()	•	State one: ()	Zip	
VIRGINIA DANGEROUS DO	OG TAG NUMBER	:		
OWNER INFORMATION:				
Name:	Middle In	itial	Last	
If the owner of a dog found to be the owner of the dangerous dog. Legal Guardian's Name:	dangerous is less than	18 years of age, the legal	guardian shall be consi	dered
First Home address:	Middle In	itial	Last	
Street Place of employment:	City	State	Zip	
Address:	City	State	Zip	
Local Jurisdiction:	Chy	State	Z.ip	
Daytime Phone: ()	Work I	Phone: ()		
Evening Phone: ()	Cell Ph	none: ()		
Address where the dangerous dog	g is maintained:			
Street	City	State	Zip	-