



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.

Date Submitted: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)

Local Jurisdiction: \_\_\_\_\_

Assigned Animal Control Officer: \_\_\_\_\_
First Middle Initial Last

Address: \_\_\_\_\_
Street City State Zip

Work Phone: (\_\_\_\_)\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_\_

Owner Information: If more than one owner, check here [ ], indicate the number of owners \_\_\_\_\_, and attach a Supplemental Owner Information Change of Address form for each owner. Number of supplemental forms attached \_\_\_\_\_.

PRIMARY OWNER – OLD ADDRESS:

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





### 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: \_\_\_\_\_  
Street City State Zip

Work Phone: (\_\_\_\_)\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_\_

**VIRGINIA DANGEROUS DOG TAG NUMBER:** \_\_\_\_\_

**OWNER INFORMATION - OLD ADDRESS:**

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.

Legal Guardian's Name: \_\_\_\_\_  
First Middle Initial Last

Home address: \_\_\_\_\_  
Street City State Zip

Place of employment: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Local Jurisdiction: \_\_\_\_\_

Daytime Phone: (\_\_\_\_)\_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_\_

Evening Phone: (\_\_\_\_)\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_\_

Address where the dangerous dog is maintained: \_\_\_\_\_  
Street City State Zip





## 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.

**CHECK HERE  IF THERE IS A CHANGE IN INFORMATION ON THIS FORM.**

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Final Adjudication date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Local Jurisdiction: \_\_\_\_\_

Assigned Animal Control Officer: \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_  
Street City State Zip

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell 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: \_\_\_\_\_  
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.

Legal Guardian's Name  
\_\_\_\_\_  
First Middle Initial Last

Home address:  
\_\_\_\_\_  
Street City State Zip

Place of employment: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Local Jurisdiction: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone No: (\_\_\_\_) \_\_\_\_\_

Evening Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Address where the dangerous dog is maintained:  
\_\_\_\_\_  
Street City State Zip

**TRIAL DOCKET INFORMATION**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Trial Docket Information:

Docket No.: \_\_\_\_\_

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 (Photographs must be submitted to State Veterinarian)

Front View (top of head to paws)

Side view (top of head to paws)

7. Sex: Male  Female

8. Age: \_\_\_\_\_

9. Weight: \_\_\_\_\_

10. Primary breed: \_\_\_\_\_

11. Secondary breed: \_\_\_\_\_

12. Color and markings: \_\_\_\_\_

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 City State Zip

18. Telephone: (\_\_\_\_)\_\_\_\_\_

**LOCAL DOG LICENSE INFORMATION**

19. Current Dog License

20. Local Jurisdiction: \_\_\_\_\_

21. License Tag Year: \_\_\_\_\_ Serial No.: \_\_\_\_\_

**SPAY OR NEUTER INFORMATION**

22. Dog has been spayed (female) , or neutered (male)

23. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

24. Name of Veterinary Practice: \_\_\_\_\_

25. Veterinary Practice Address:

\_\_\_\_\_ Street City State Zip

26. Telephone No. of Veterinary Practice: (\_\_\_\_)\_\_\_\_\_

27. **PROPER ENCLOSURE VERIFIED**

Evidence that the dangerous dog is and will continue to be confined in a proper enclosure or is and will be confined inside the owner's residence or is and will be muzzled and confined in the owner's fenced-in yard until the proper enclosure is constructed.

28. **PROPER POSTING OF SIGNS VERIFIED**

Evidence that the residence is and will continue to be posted with clearly visible signs warning both minors and adults of the presence of a dangerous dog on the property.

29. **PERMANENT IDENTIFICATION VERIFIED**  (Tattoo or Microchip required)

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

**36. LIABILITY INSURANCE OR SURETY BOND VERIFIED**

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. 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 §§ 3.1-796.93:1 and 3.1-796.93:3 of the Code of Virginia and 2 VAC 5-620, Rules and Regulations Pertaining to the Establishment of the Dangerous Dog Registry.

Signatures:

\_\_\_\_\_  
OWNER Date: \_\_\_\_\_

\_\_\_\_\_  
OWNER Date: \_\_\_\_\_

\_\_\_\_\_  
OWNER Date: \_\_\_\_\_

\_\_\_\_\_  
LOCAL ANIMAL CONTROL OFFICER Date: \_\_\_\_\_



# 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: \_\_\_\_\_  
Street City State Zip

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 \_\_\_\_\_ .

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.

Legal Guardian's Name:  
\_\_\_\_\_  
First Middle Initial Last

Home address:  
\_\_\_\_\_  
Street City State Zip

Place of employment: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Local Jurisdiction: \_\_\_\_\_

Daytime Phone: (\_\_\_\_)\_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_\_

Evening Phone: (\_\_\_\_)\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_\_

Address where the dangerous dog is maintained:  
\_\_\_\_\_  
Street City State Zip

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

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19. Trial Docket Information:

Docket Number: \_\_\_\_\_

Parties: \_\_\_\_\_

Court: \_\_\_\_\_

Judge: \_\_\_\_\_

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

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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:

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

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**DANGEROUS DOG IDENTIFICATION INFORMATION:**

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

22. Name of dangerous dog: \_\_\_\_\_

23. Two photographs (Photographs must be submitted to State Veterinarian):

Front View (top of head to paws)

Side view (top of head to paws)

24. Sex: Male  Female

25. Age: \_\_\_\_\_

26. Weight: \_\_\_\_\_

27. Primary breed: \_\_\_\_\_

28. Secondary breed: \_\_\_\_\_

29. Color and markings: \_\_\_\_\_

30. **CURRENT RABIES VACCINATION CERTIFICATE VERIFIED**

31. Rabies Tag Number: \_\_\_\_\_

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

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

33. Name of Veterinary Practice: \_\_\_\_\_

34. Veterinary Practice Address:

\_\_\_\_\_ Street City State Zip

19. Telephone: (\_\_\_\_)\_\_\_\_\_

**LOCAL DOG LICENSE INFORMATION**

22. Current Dog License

23. Local Jurisdiction: \_\_\_\_\_

24. License Tag Year: \_\_\_\_\_ Serial No.: \_\_\_\_\_

**SPAY OR NEUTER INFORMATION**

26. Dog has been spayed (female)  , 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 Practice: (\_\_\_\_)\_\_\_\_\_

27. **PROPER ENCLOSURE VERIFIED**

Evidence that the dangerous dog is and will continue to be confined in a proper enclosure or is and will be confined inside the owner's residence or is and will be muzzled and confined in the owner's fenced-in yard until the proper enclosure is constructed.

35. **PROPER POSTING OF SIGNS VERIFIED**

Evidence that the residence is and will continue to be posted with clearly visible signs warning both minors and adults of the presence of a dangerous dog on the property.

36. **PERMANENT IDENTIFICATION VERIFIED**  (Tattoo or Microchip required)

37. Tattoo ; Tattoo Number: \_\_\_\_\_

38. Electronic Microchip : Microchip Number.: \_\_\_\_\_

39. Microchip Company: \_\_\_\_\_

40. Name of Veterinary Practice: \_\_\_\_\_

41. Veterinary Practice Address:

\_\_\_\_\_ Street City State Zip

35. Veterinary practice phone: (\_\_\_\_)\_\_\_\_\_

**36. LIABILITY INSURANCE OR SURETY BOND VERIFIED**

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.

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 NO.: \_\_\_\_\_

**52. DANGEROUS DOG REGISTRATION CERTIFICATE ISSUED TO OWNER**

**53. DANGEROUS DOG REGISTRATION CERTIFICATE AND VERIFICATION OF COMPLIANCE INFORMATION SENT TO STATE VETERINARIAN**

**54. 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 §§ 3.1-796.93:1 and 3.1-796.93:3 of the Code of Virginia and 2 VAC 5-620, Rules and Regulations Pertaining to the Establishment of the Dangerous Dog Registry.

Signatures:

\_\_\_\_\_  
OWNER

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

\_\_\_\_\_  
OWNER

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

\_\_\_\_\_  
OWNER

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

\_\_\_\_\_  
LOCAL ANIMAL CONTROL OFFICER

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



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 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: \_\_\_\_\_

OWNER INFORMATION:

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.

Legal Guardian's Name:

\_\_\_\_\_
First Middle Initial Last

Home address:

\_\_\_\_\_
Street City State Zip

Place of employment: \_\_\_\_\_

Address: \_\_\_\_\_
Street City State Zip

Local Jurisdiction: \_\_\_\_\_

Daytime Phone: (\_\_\_\_)\_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_\_

Evening Phone: (\_\_\_\_)\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_\_

Address where the dangerous dog is maintained:

\_\_\_\_\_
Street City State Zip