

Dangerous Dog Registration Form

LCO 506.04

Registration fee: \$50.00

For the calendar year beginning December 6, 2008 through December 31, 2009.
Make checks payable to the City of Lakewood

Dog Owners Name: _____

Address: _____

Rent: Own:

Phone Number: _____ Alternate Phone Number: _____

Owner's Date of Birth: _____ Drivers License or SS#: _____

Dog License Number: _____ Dog Breed: _____

Dog's Name: _____ Age: _____ Sex: _____

Is the dog spayed or neutered?

Attach a copy of the spay/neuter certificate.

Description of Dog:

Attach a current photo of the dog.

Insurance Carrier: _____ Insurance Expires On: _____

Attach a current copy of insurance rider and proof of full payment.

Dog Owner: Please write in microchip number and check boxes where you comply with requirements.

Microchip Number: _____ Pen: Leash: Muzzle: Signs:

I hereby acknowledge, through my signature, that all the information contained in this document is true and accurate. I understand failure to truthfully and honestly provide information on this form is a violation of Chapter 506, Dangerous Dogs, of the Codified Ordinances of the City of Lakewood and shall result in removal of my dog from Lakewood.

Dog Owner's Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

For Animal Shelter Personnel Only

Insurance Copy of Insurance Received?
Spayed/Neutered? Certificate Received?
Microchip Pen? Muzzle? Leash? Signs?

Registration Number:

Method of Payment: Cash: Check Number: _____ MC/Visa:

Animal Shelter Personnel Signature: _____

Date: _____