



DANGEROUS DOG REGISTRATION

This application must be completed pursuant to City of Tamarac Code of Ordinances, Chapter 4, Sections 4-3; (see attached)

A copy of all required preventive inoculations and medications required under local, county and state law **must** be provided along with a 3" x 5" clear photograph of your dog to be used as identification. Proof of liability insurance as prescribed in Chapter 4, section: 4-3 **must** be provided.

Owner/Caretaker information
Name: _____
Address: _____
City: _____, State: _____, Zip: _____
Daytime phone: _____ Evenings: _____
Animal Information
Name: _____ Breed _____ Age _____ Sex _____
Color: _____ Distinguishing/Physical Characteristics: _____
Other location where dog may be kept: _____

Veterinarian Information
Veterinarian Name: _____ Office number: _____
Address: _____
Emergency call-out number: _____

AFFIDAVIT

I ATTEST THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT. I HAVE ALSO RECEIVED AND READ A COPY OF THE CITY OF TAMARAC ORDINANCES, CHAPTER 4, SECTION 4-3 REGARDING DANGEROUS DOGS

PRINT OWNER'S / REGISTRANT NAME

SIGNATURE OWNER'S / REGISTRANT NAME

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____.

Personally known to me; Produced Identification: _____ DID or DID NOT take an Oath.