

# Application for Potentially Dangerous Dogs

Date of Application: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dogs Name: \_\_\_\_\_ Primary Breed: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Sex: M F Altered: Yes No Veterinarian Certified Alter: \_\_\_\_\_

Date Alter Certified: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Color: \_\_\_\_\_ Secondary Color: \_\_\_\_\_

Color Pattern: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Ears: \_\_\_\_\_ Tail: \_\_\_\_\_

Temperament: \_\_\_\_\_ Current Veterinarian: \_\_\_\_\_

Micro Chip #: \_\_\_\_\_ City License #: \_\_\_\_\_

Confinement Method: \_\_\_\_\_ Confinement Location: \_\_\_\_\_

Sticker Received: Yes No Sticker # \_\_\_\_\_

Photo Taken By: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_ Control # \_\_\_\_\_

Owner Received Copy of Ordinance and Requirements: \_\_\_\_\_

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Application Approved By