



## 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.

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