DANGEROUS DOG REGISTRATION FORM

REGISTRATION NO: ___________________ DATE: ___________________

REGISTERING AGENCY: ____________________________________________

ADDRESS: _______________________________________________________

CITY: ___________________________________ ZIP: ________________

TELEPHONE NO: ( ) ______________________________________________

OWNER INFORMATION:

Last Name: ___________________ First: _____________________

Address: _______________________________________________________

City: ______________________ Zip: _____________________________

Telephone No: (Home) ( ) (Work) ( )

Moved from: ____________________________________________________

DOG INFORMATION:

Breed(s): ______________________

Detailed Description: __________________________________________

Sex: _______ Altered: _______ (Before) or (After) Incident - (circle one)

Age: ___________________ Rabies Vaccination Date: __________________

Does dog have prior history of biting/attacks: (Yes) or (No) - (circle one)

If yes, list dates and/or case numbers: _______________________________________

DETAILS OF QUALIFYING INCIDENT:

Date of Incident: __________________________

Dog (Attacked) or (Attempted Attack) - (circle one)

on: (Human) or (Animal) - (circle one) Victim Sex: _______

Victim Age: _______ Dog owned by victim's family: (Yes) or (No) -

(circle one) Victim knows dog: (Yes) or (No) - (circle one)

Where Incident Occurred: (On) or (Off) or (Adjacent to) owner's property

(circle one)

Dog confined by: (Chain) or (Fence) or (Structure) or (Leash) or

(Not Confined) - (circle one)

Injuries: (Yes) or (No) - (circle one)

Multiple Bites: (Yes) or (No) - (circle one)

Description of Injuries (include severity of wounds): _________________________

Brief Description of Incident:

________________________________________

________________________________________

________________________________________

________________________________________

C:ddreg.frm
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