

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: _____

TEXAS ANIMAL CONTROL ASSOCIATION
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