



# Lincoln-Lancaster County Health Department Animal Control

## Potentially Dangerous Dog Registration

Return to: Animal Control, 3140 N St., Lincoln NE 68510-1513

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Veterinarian \_\_\_\_\_

### Dog Description

Name \_\_\_\_\_ License Tag No. \_\_\_\_\_ Expires \_\_\_\_\_

Breed \_\_\_\_\_ Rabies Tag No. \_\_\_\_\_ Expires \_\_\_\_\_

Color/Markings \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

No. of Bites \_\_\_\_\_ Date Last Bite \_\_\_\_\_ No. Times Caught \_\_\_\_\_ Date Last Caught \_\_\_\_\_

- 1. My dog has a current license and rabies vaccination.
- 2. If my dog escapes, or I have knowledge or believe the dog has bitten or attacked a human being or another animal, I shall notify Lincoln Animal Control immediately.
- 3. If the dog dies, or is sold or given away, I shall notify Lincoln Animal Control within 24 hours. I shall provide Animal Control with the name, address and telephone number of the new owner when applicable.

I, the undersigned, have read, understand, and agree to accept and abide by the above stated ordinance requirements. I have paid a one-time, non-refundable fee of \$5 to Lincoln Animal Control.

Amount Received \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

Owner's signature \_\_\_\_\_ Date \_\_\_\_\_ Animal Control \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only

Registration # _____	Appeal Letter Received _____
Certified Letter Sent _____	Appeal:    Denied                      Accepted
Certified Letter Received _____	Certified Denial Letter Sent _____
Registration Form and Fee Due _____	Certified Denial Letter Received _____
	Registration Form and Fee Due _____