Vicious or Potentially Vicious Dog Registration Form

Owner's Name: _____
Last First Middle

Owner's Address: _____
No. Street City State Zip

Dog's Physical Address:_____
No. Street City State Zip

Owner's Telephone No.: _____ _____
Business Home

Dog Information

Breed: _____

Distinguishing Marks: _____ Name: _____

Age: _____ Gender: _____Color:_____

Inoculations (with Proof Attached):
1._____

2._____

3._____

_____ _____/_____/_____
Signature of Applicant Date

Please submit a copy of your Liability Insurance and proof of the proper enclosure as required in Ordinance.

City of West Point Use Only

Tag # _____ **Registration Fee _____**