



Jennifer S. Hunter, CPA

OHIO DANGEROUS DOG REGISTRATION APPLICATION

Owner Information:

Name: _____

Address (PO Box # *NOT* acceptable):

Street: _____

City/State/Zip: _____

Phone: _____ email: _____

Owner is age 18 or older: Y or N

Owner has shown proof of insurance for dog: Y or N

Dog Information:

Age: _____ Sex: Y or N Spayed or Neutered: Y or N

Hair: S M L Breed: _____

Color(s): Black White Gray Brindle Tan Brown Yellow Red Blue

Dog's Name: _____

Current License # and Year: _____

Veterinarian: _____ Phone: _____

Microchip #: _____ Rabies Tag #: _____

*Please submit a .jpg image of dog to dogpix@madison.oh.gov Expiration Date: _____

Clearly visible signs are posted at the owner's residence indicating the presence of a dangerous dog: Y or N

I certify that, to the best of my knowledge and belief, the information on this form, under the penalty of perjury, is true, correct, complete and made in good faith. I understand that this form or the information it contains may be made available to federal, state and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may violate federal, state or local criminal statutes and may result in a fine, imprisonment, or both.

Owner Signature: _____ Date: _____

Auditor's

Dangerous Dog #: _____ Date Issued: _____

Deputy Auditor Signature: _____