

DANGEROUS & VICIOUS ANIMAL ANNUAL REGISTRATION FORM

BP506.04

Registration fee: \$50.00 - Due not later than January 15th of each year.

Make checks payable to the City of Brook Park

RETURN COMPLETED FORM, PAYMENT AND REQUIRED INFORMATION TO:

Office of the Public Safety Director
CITY OF BROOK PARK
6161 Engle Road
Brook Park, OH 44142

Animal Owner's Name: _____

Address: _____

Rent: Own:

Phone Number: _____ Alternate Phone Number: _____

Owner's Date of Birth: _____ Driver's License or SSN: _____

Animal License #: _____ Animal Breed: _____

Animal's Name: _____ Age: _____ Sex: _____

Is the Animal spayed or neutered? Yes No

Description of Animal:

**Attach a current
Photo of the Animal.**

Insurance Carrier: _____ Insurance Policy #: _____

Attach a current copy of insurance rider and proof of full payment.

Animal Owner: Please write in microchip number & check boxes where you comply with requirements.

Microchip Number: _____ Pen: Leash: Muzzle: Signs:

I hereby acknowledge, through my signature, that all the information contained in this document is true and accurate. I understand failure to truthfully and honestly provide information on this form is a violation of Chapter 506, Dangerous and Vicious Animals, of the Codified Ordinances of the City of Brook Park and shall result in removal of my animal from Brook Park.

Animal Owner's Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

For Animal Control Personnel Only

Copy of Insurance & Proof of Payment Received? Current Photo of Animal Received?

Animal Control Officer Verified Additional Information?

Registration Number: _____

Method of Payment: Cash: Check Number: _____

Animal Control Officer Signature: _____ Date: _____