



For Official Use Only

Amount: \$ _____

Date: _____

Issued By: _____

City of Elgin Dangerous Dogs and Vicious Dogs Animal Registration Form

Applicant/Owner Information

Owner Last Name

Owner First Name & M.I.

Applicant Last Name (if different than owner)

Applicant First Name & M.I.

Owner Address

Owner City, State, Zip Code

Applicant Address

Applicant City, State, Zip Code

Owner Contact Phone Number

Owner Email Address

Dog Information

Dog Name

Breed

Color

Gender

Address Where Dog Will Be Kept

Date of Rabies vaccine
(Include vet documentation)

Vaccine Expiration
Date

Date Dog was Altered
(Include vet documentation)

Microchip Identification #
(Include vet documentation)

Insurance or Bond Policy #
(Include documentation)

Confinement Certification

I/We affirm that the Dangerous or Vicious Dog is or will be confined in compliance with Section 7.04.110B1 or 7.04.120B1 of Ordinance No. G9-10, as applicable, and is in compliance with any and all other conditions that maybe have been imposed with respect to the Dangerous Dog or Vicious Dog by the Hearing Officer or the Court.

Owner Name

Signature

Date

Applicant Name (if applicable)

Signature

Date

Education Materials Affidavit

I/We affirm that I/we (a) have read the educational materials provided by the City concerning dog ownership, including without limitation, a summary of the provisions of Section 7.04.110B1 or 7.04.120B1 of Ordinance No. G9-10, as applicable, and (b) will comply with all provisions of this Ordinance.

Owner Name

Signature

Date

Applicant Name (if applicable)

Signature

Date