



COMMONWEALTH OF VIRGINIA



Dangerous Dog Secondary Owner Form

ALL INFORMATION MUST BE COMPLETED AND VERIFIED TO BE ACCURATE BY THE LOCAL ANIMAL CONTROL OFFICER.

Dangerous Dog Information	
Dangerous Dog Name:	Virginia Dangerous Dog Tag #:

Secondary Owner Information	
Name (First, MI, Last):	Day phone #:
Address:	Work phone #:
	Evening phone #:
Place of employment:	Cell phone #:

Secondary Owner Property Information	
<i>Complete only if the dog is routinely housed by secondary owner</i>	
<input type="checkbox"/> Proper enclosure verified	<input type="checkbox"/> Proper posting of dangerous dog signs verified
<input type="checkbox"/> Surety bond of \$100,000 or <input type="checkbox"/> Liability insurance of at least \$100,000 that covers animal bites	
Insurance Company:	
Policy #:	Expiration date:

Signature of Secondary Owner	
<input type="checkbox"/>	I understand that this dangerous dog must be leashed and muzzled whenever it is outside its proper enclosure or my residence.
<input type="checkbox"/>	I understand that I must inform animal control within 24 hours if this dangerous dog is loose or unconfined; bites or attacks another person or animal; is sold, given away or dies; or if any claims are made or lawsuits are brought as a result of any attack by the dog.
<input type="checkbox"/>	I understand that if the dangerous dog is moved to a different location, or if my contact information changes in any way at any time, I shall submit a renewal containing the address of the new location or other updated information within 10 days.
I, _____, owner of _____, a dog found to be dangerous by a court of competent jurisdiction in Virginia, is (are) in compliance with and will continue to be in compliance with all provisions and requirements of the Virginia Dangerous Dog Law as set forth in §§ 3.2-6540 and 3.2-6542 of the Code of Virginia and 2 VAC 5-620, Rules and Regulations Pertaining to the Establishment of the Dangerous Dog Registry.	
Signature _____	Date _____