

**DANGEROUS & VICIOUS ANIMAL ANNUAL REGISTRATION FORM**

**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: \_\_\_\_\_