



City of Akron Department of Public Service

Pit Bull Dog Registration

Owner Information			
Name:			Date:
Address:			
City:	State:	Zip:	Telephone:

Dog Information			
Name:	Breed:		
Color:	Age:	Sex: M F	
Spayed or neutered? Y N	Date:		
Rabies Vaccination Number:	Date:	Expires:	
Summit County Dog License Number:			

Insurance Information:			
Name of Insurer:			Policy Number:
Address:			Date Policy Issued:
Name of Insurance Company:			Date Policy Expires:
Agency:	Address:	Telephone:	
Location where animal is kept:			

I affirm that the above information is true and correct, and agree to abide by the provisions of the Codified Ordinances of the City of Akron, Ohio Chapter 92, Section 92.25, Control of Dogs.

Signature _____ Date _____

The following section to be filled out by City Central Staff:

Requirements (check box upon completion)
1. Two photos of the dog (attached)
2. Proof of Insurance (copy of policy attached)
3. Proof of Summit County Dog License
4. Proof of Rabies Vaccination
5. Tattoo or Microchip Number: Location of Tattoo: _____ (Picture must be attached clearly showing tattoo)
6. City Issued Warning Sign
7. Fluorescent Green Dog Collar

NOTES: ALL PHOTOS BECOME CITY PROPERTY AND CANNOT BE RETURNED.
The City of Akron, Animal Control Warden will provide a follow-up inspection within ten (10) days of the registration to verify compliance with all aspects of Akron City Ordinance No. 294-1989 and its amendments.

Approved _____ Date _____

Transfer of Owner Information			
New Owner's Name:			Date of Sale/Transfer/Gift:
Address:			Telephone:
City:	State:	Zip:	
Is Dog Deceased? Y N	Approximate Date of Death:		