



# 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: |      |                             |