



**Village of Lakemore**

**Animal Registration**

**\$3.50 collar** \_\_\_\_\_

**\$4.00 sign** \_\_\_\_\_

**OWNER INFORMATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**DOG INFORMATION**

NAME: \_\_\_\_\_ BREED: \_\_\_\_\_

COLOR: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M F

SPAYED OR NEUTERED? Y N DATE: \_\_\_\_\_

RABIES VACCINATION NUMBER: \_\_\_\_\_

SUMMIT COUNTY DOG LICENSE NUMBER: \_\_\_\_\_

**PROPERTY OWNER INSURANCE INFORMATION: (ATTACH COPY OF \$100,000.00 POLICY)**

NAME OF INSURER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE POLICY ISSUED: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

AGENCY: \_\_\_\_\_ DATE POLICY EXPIRES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

LOCATION WHERE ANIMAL IS KEPT: \_\_\_\_\_

**RESIDENT INSURANCE INFORMATION (IF NOT OWNER-OCCUPIED): (ATTACH COPY OF \$100,000.00 POLICY)**

NAME OF INSURER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE POLICY ISSUED: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

AGENCY: \_\_\_\_\_ DATE POLICY EXPIRES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

I AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND AGREE TO ABIDE BY THE PROVISIONS OF VILLAGE OF LAKEMORE ORDINANCE 1542-2015, "AN ORDINANCE AMENDING ORDINANCES 120-1935 AND 1065-1987, ESTABLISHING RESTRICTIONS FOR VICIOUS ANIMALS WITHIN THE VILLAGE OF LAKEMORE"

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THE FOLLOWING SECTION TO BE FILLED OUT BY VILLAGE STAFF:

REQUIREMENTS (MARK UPON COMPLETION)

\_\_\_\_ 1. TWO PHOTOS OF THE DOG (ATTACHED)

\_\_\_\_ 2. PROOF OF INSURANCE(S) (COPY(S) OF POLICY(S) ATTACHED)

\_\_\_\_ 3. PROOF OF SUMMIT COUNTY DOG LICENSE

\_\_\_\_ 4. PROOF OF RABIES VACCINATION

\_\_\_\_ 5. TATTOO OR MICROCHIP NUMBER: \_\_\_\_\_

LOCATION OF TATTOO: \_\_\_\_\_ (PICTURE(S) MUBE BE ATTACHED)

\_\_\_\_ 6. VILLAGE ISSUED WARNING SIGN

\_\_\_\_ 7. FLUORESCENT GREEN DOG COLLAR

NOTES: ALL PHOTOS BECOME VILLAGE PROPERTY AND CANNOT BE RETURNED.

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

TRANSFER OF OWNER INFORMATION

NEW OWNER'S NAME: \_\_\_\_\_ DATE OF SALE/TRANSFER/GIFT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

IS DOG DECEASED? Y N APPROXIMATE DATE OF DEATH: \_\_\_\_\_