



APPLICANTS FULL NAME

STREET ADDRESS

CITY/ STATE

ZIP

HOME PHONE

BUSINESS PHONE

OTHER

ANIMAL DESCRIPTION

AGE

BREED

COLOR

HEIGHT

WEIGHT

SEX

CLASSIFICATION OF ANIMAL UNDER THIS ORDINANCE

VACCINATIONS CURRENT **YES** **NO** (A COPY OF VACCINATIONS MUST BE PROVIDED)

Name and Address of Veterinarian

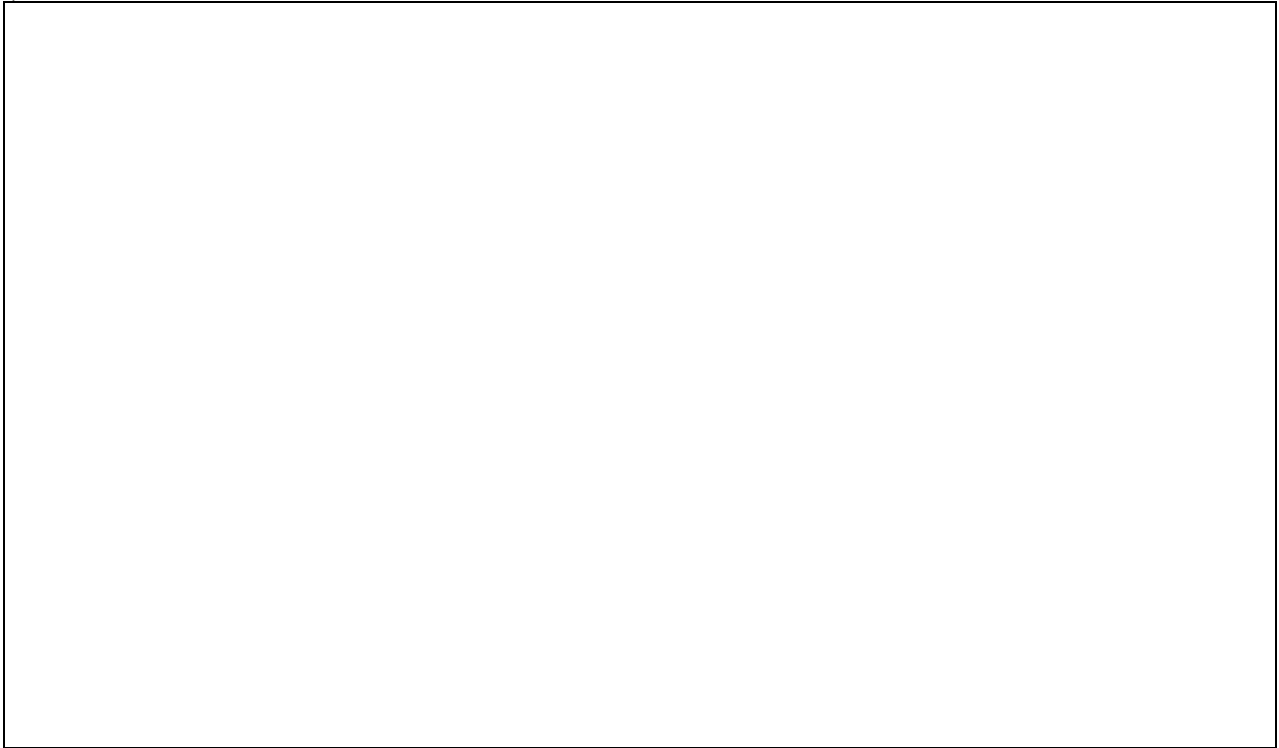
REQUIREMENTS

This animal must wear a bright red collar with a tag issued by this Department bearing its identification number at all times.

The structure described in this application must be maintained pursuant to the standards of the City of Lawrenceville Vicious Dog and Pit Bulls Ordinance.



**PHOTO OF DOG
(REQUIRED)**



**PHOTO OF HOUSING FOR DOG
(REQUIRED)**



VACCINATIONS ATTACHED YES NO

APPROVED DENIED

REGISTRATION AND IDENTIFICATION NUMBER _____