

TARRANT COUNTY PUBLIC HEALTH ENVIRONMENTAL HEALTH DIVISION

System #
Received
Receipt # Check
or Cash
Affidavit

5001 N RIVERSIDE DR, STE 105, FORT WORTH TEXAS 76137 817-321-4960 | FAX 817-321-4961 | www.tarrantcountytx.gov/health

DANGEROUS DOG Registration Application

This application is valid for one year from the date the fees are received.

New 🔲 Renewal 🛛	MAPSCO #
Owner's Name:	
Site address	
Where the dog will be kept Mailing Address of Owner:	
	Zip Telephone #
	ail
Site description: Size of property - # of A	cresArea Fenced
Building: Living Area Square Footage	Single Family 🛛 or Multifamily 🗅
Total area available to animal(s)	
Animal's Identification "Chip" Number	Species/Breed
Insurance policy: Company	Number
Amount	
Veterinarian	Phone
Proof of Vaccination Date of Vaccin	ation Certificate #
other citizens that they and their property are safe fundersigned, hereby grant access to the property, for	ng the maintaining of the dogs in a humane manner that will assure om harm as a result of this animals behavior. Furthermore, I, the purposes of inspecting the care and supervision of the registered Health Department and the Tarrant County Sherriff and Deputies.
Owner's Signature	Date
Fc	r office use only
Action	Initials Date
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