

APPLICANTS FULL NAMI	E	
STREET ADDRESS	CITY/ STATE	ZIP
HOME PHONE	BUSINESS PHONE	OTHER
	ANIMAL DESCRIPTION	
AGE	BREED	COLOR
HEIGHT	WEIGHT	SEX
	MAL UNDER THIS ORDINANCE T YES NO (A COPY OF VACC	INATIONS MUST BE PROVIDED)
Name and Address of Veterinaria	1	

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	ES NO
☐ APPROVED ☐ DENIE REGISTRATION AND IDENTIFIC	D CATION NUMBER