



Community Development - Code Enforcement Division
1601 NW 136 Ave., Bldg. A Sunrise, FL 33323 P: 954.572.2344 F: 954.838.7653

REGISTRATION OF PIT BULL DOGS

Section "A", Owner/Caretaker Information:

Cell Phone # _____

Owner's Name: _____ Home Phone # _____

Home Address _____ **Own or Rent**

Work Place: _____ Work Phone # _____

Address where dog is harbored (if different from the owner's home address):

Section "B", Animal Identification:

Name: _____ Sex: _____ Color: _____

Distinguishing Characteristics: _____

Expiration Date of Rabies and Other Related Vaccinations: _____
(Attach copy of a valid county vaccination form)

Section "C", Veterinarian Information:

Vet's Name: _____ Office Phone # _____

Address: _____

Emergency Call-Out Phone # _____

Section "D", Affidavit: *(Registration form will be notarized at our office for no charge.)*

I attest that all of the above information is true and correct. I have also received and read a copy of the City of Sunrise Ordinances Chapter 4, Article II, Division 2, Sections 4-46 through 4-53 regarding pit bull dogs.

(Print Owner's Name) (Owner's Signature)
Sworn and subscribed before me on this _____ day of _____, _____

Notary Public – Print Name Notary Public – Signature

Produced ID: _____ My Commission Expires: _____