

Dangerous Dog Registration Instructions

There are four items required to register your dog in the dangerous dog database:

- 1) Court Order
- 2) Information sheet for Conviction of a Dangerous Dog
- 3) Veterinary Record of Microchip
- 4) \$50 fee - payable by check, money order, or credit card

All forms must be completely filled out and either faxed, mailed, or emailed to the Colorado Department of Agriculture office at:

Colorado Department of Agriculture
Animal Health Division
305 Interlocken Parkway
Broomfield, CO 80021

fax [\(303\) 466-8515](tel:3034668515)

Once all four items are received, the Colorado Department of Agriculture will issue you an "In Compliance" letter that you can bring to the court to show proof of registration in the dangerous dog database.

NOTE: If your dog already has a microchip, your dog does not need to get a second microchip. However, you are required to have the microchip number and manufacturer verified by a veterinarian or shelter.

If you have any questions, please call the Animal Health Division at [\(303\) 869-9130](tel:3038699130). Email: animalhealth@state.co.us

INFORMATION SHEET FOR CONVICTION OF DANGEROUS DOG

Case Name: State of Colorado v. _____ Case Number: _____

Prosecuting Agency: _____ County: _____

Date Convicted: _____

This form must be completed by the Defendant/Owner and the Veterinarian upon completion of the microchip implant. Once the microchip is implanted, the Defendant/Owner must provide this form to the Court and to the Bureau of Animal Protection.

INFORMATION ABOUT YOU (DEFENDANT/OWNER)

Full Name: _____ Date of Birth: _____

Complete Address: _____ Apt. #: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone Number: Home: _____ Work: _____

Owner's Drivers License Number: _____ Issued by the State of: _____

INFORMATION ABOUT DANGEROUS DOG

If more than one Dog, complete separate information sheet.

Name: _____ Dog's Age in Months: _____

Dog's Breed: _____

(Based upon the American Kennel Club's recognized list of US breeds.)

Gender: Male Female Dog's Reproductive Status: Intact Neutered

Dog's Characteristics (please describe the dog's overall appearance, general color, and unique features):

INFORMATION ABOUT THE MICROCHIP

Name of Veterinarian or Shelter: _____ License Number: _____

Date of Implantation: _____ Location of Microchip (Neck, etc.): _____

Microchip Manufacturer/Maker: _____ Microchip Number: _____

Once the Veterinarian or licensed shelter implants a microchip, this form along with a \$50 check, money order, or credit card payment slip must be sent to the Colorado Department of Agriculture - Bureau of Animal Protection within 10 days after the implantation of the microchip. Your dog will not be considered registered until you have received a confirmation letter from the Bureau of Animal Protection. Please mail the forms and payment to: Colorado Department of Agriculture - Bureau of Animal Protection, 305 Interlocken Parkway, Broomfield, Colorado 80021.

Veterinarian / Shelter Form
Veterinary Record of Microchip

STATUTORY REFERENCE:

35-42-115 Dangerous dog registry (2) A veterinarian or licensed shelter that implants a microchip pursuant to the provisions of section 18-9-204.5 (3) (e.5) (III), C.R.S., shall provide to the bureau a veterinary record of the microchip. The bureau shall maintain each veterinary record provided in a registry on a statewide database.

18-9-204.5 Unlawful ownership of a dangerous dog (3) (e.5) (III) At the owner's expense, permanently identify the dangerous dog through the implantation of a microchip by a licensed veterinarian or a licensed shelter. A veterinarian or licensed shelter that implants a microchip in a dangerous dog shall report the microchipping information to the bureau within ten days after implantation of the microchip, pursuant to section 35-42-115 (2), C.R.S.

Complete Name of Veterinarian or Shelter: _____

License Number: _____ Type of Facility (Shelter, office, etc.): _____

Address of Veterinarian or Shelter: _____

Phone Number of Veterinarian or Shelter: _____

Date of Implantation: _____ Location of Microchip (Neck, etc.): _____

Microchip Manufacturer/Maker: _____ Microchip Number: _____

Signature of Individual or Facility Stamp: _____

Please submit form using one of the following methods:
via US Postal Service to
305 Interlocken Parkway; Broomfield, CO 80021
Or
Via fax to
Attn: BAP-Dangerous Dog
303-466-8515

Credit Card Payment Form

Utilize this portion only if paying with a credit card

Type of credit card:

- MasterCard
- Visa
- Discover
- American Express

Name as it appears on card: _____

Billing Address: _____

Billing Phone Number: _____

Card Number: _____

Expiration Date: _____

By signing below, I agree that the credit card above will be charged the full renewal amount. In addition, I agree to pay an additional non-refundable 2.25% of the total amount due to cover the cost of the credit-card transaction and a one-time non-refundable processing fee of \$0.75.

Signature: _____