

Dangerous Dog Registration

Polk County Sheriff's Office
600 Bruce St. PO BOX 416
Crookston, MN 56716
218-281-0431

Owner Name: _____
Last First Middle

Case File No. _____

Address: _____
Street

Municipality: _____

City State Zip Code

Date of Notification: _____

Date of Birth: _____

Driver's License/State ID Card No. _____

Home Phone: _____

Business Phone: _____

Name of Dog: _____

Breed: _____

Age: _____

Sex: _____ Color: _____

Markings: _____

Neutered/Spayed: Y _____ N _____

YOU MUST COMPLY WITHIN 14 DAYS OF NOTIFICATION

License Number:	Date Registration Issued:	Date Registration Expires:
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The Following information has been provided:

- A proper enclosure for the dangerous dog and a posting on premises with a clearly visible sign, warning people that there is a dangerous dog on the property (Photo attached.) (MN Stat. § 347.50 Subd. 4)
- Proof of liability insurance in the amount of \$300,000 to cover any injuries inflicted by the dangerous dog. Either a liability bond with a rider or letter from the insurance agent or company indicating dog bite coverage, or a surety bond are acceptable. (Copy attached.) (MN Stat. § 347.51 Subd. 2.2)
- Proof of implanted microchip identification. (Copy attached.) (MN Stat. § 347.51 Subd. 2.4)

I swear/affirm the above information is true and correct.

Signature of Owner

Date

Signature of Deputy/Clerk

Date