

# CITY OF SPRINGFIELD

## PIT BULL REGISTRATION

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dogs Name: \_\_\_\_\_

Sex of Dog: Male \_\_\_\_\_ Female \_\_\_\_\_ Unusual Markings: Yes \_\_\_\_\_ No \_\_\_\_\_

Description of Markings: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Veterinarian's Address: \_\_\_\_\_

Confinement: \_\_\_\_\_ Outdoors (Pen) \_\_\_\_\_ Indoors

I hereby attest to comply with the Springfield Municipal Code in regards to ownership of Pit Bulls, and certify that all the above information is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lisa H. Crockett, City Recorder

\_\_\_\_\_  
Date