



Dangerous Dog/Cat Registration

(for a dog/cat determined to be dangerous by the Municipal Court of the City of Lenexa)

12350 W 87 Street Pky
 P.O. Box 14888
 Lenexa, KS 66285-4888

Phone 913-477-7500
 Fax 913-477-7730
 www.lenexa.com
 City Code: 3-2-D-8

Registration Fee \$100.00

Registration of a dangerous dog/cat to be made within 14 days of the determination, and annually thereafter in conjunction with its licensing schedule.

Owner Information				
Name of Owner: _____				
* Address: _____				
No.	Street	Apt. #	Zip	
Home Telephone: () _____				
Work/Cell Telephone: () _____				
Email: _____				

Alternate Contact Person				
Name: _____				
Address: _____				
No.	Street	Apt. #	Zip	
Telephone: () _____				
Work/Cell Telephone () _____				

* If the owner/animal moves to another Lenexa address, an updated registration must be submitted within 5 days of move.
 If the owner/animal moves outside of Lenexa, the owner must notify Lenexa Animal Control at 477-7385.

Animal's Name	Dog / Cat	Breed	Sex	Spayed/Neutered (Mandatory)
	D / C		M / F	Yes

Age	Color	Distinctive Markings	Height	Weight

Microchip Type	Microchip Number	A certificate of liability insurance, listing the City as the certificate holder, evidencing liability coverage of at least \$500,000 for bodily injury or death of any person(s) and damage to property caused by the animal attached (Mandatory)	Lenexa Tag Number	Photo showing face, color, and distinctive markings attached (Mandatory)
		Yes		Yes

- Owner must provide proof to the City if ownership of the animal is transferred, or if the animal dies.
- Please refer to Lenexa City Code 3-2-D-8 for specific regulations and requirements including the posting of warning signs, confinement and non-tethering of the animal, notification of escape, and penalty for violations.

I hereby certify that I am familiar with City Code section 3-2-D-8 regarding dangerous dogs/cats and I agree to comply with all the requirements thereof. I further certify that the above information provided is true and correct.

Owner's Signature _____ Date _____

.....

CITY OF LENEXA OFFICE USE ONLY

Cash Credit Card Check # _____