## THE PARISH OF CADDO

DEPARTMENT OF ANIMAL SERVICES & MOSQUITO CONTROL



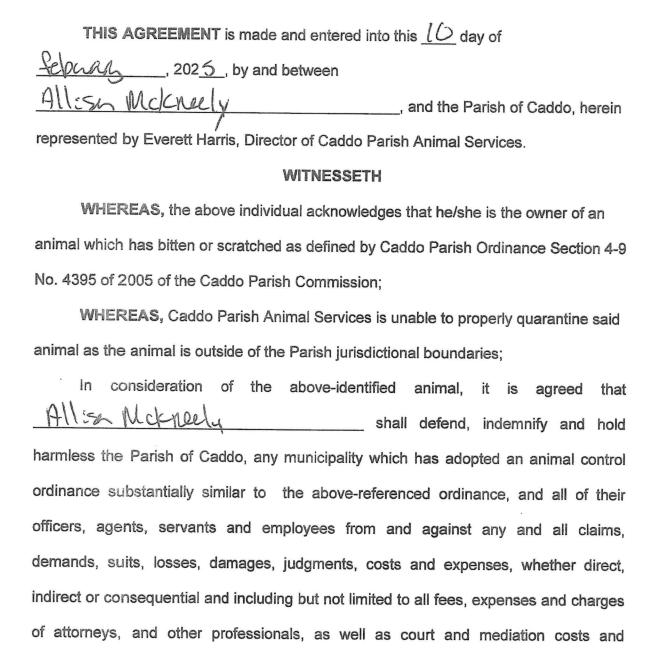


## **DANGEROUS DOG REGISTRATION**

Please Print Owner's Name: Allison Mckneely Date: 2-10-25 Street Address: 4300 Clingman Dr. Phone #: 318 607 2267 City: Shrevery State: LA Zip Code: 7116 Drivers License #: Date of Birth: 5-8-86 Sex: Senall Race: W Place of Employment: Work Phone#: Name of Dog: Lacy Breed: Dogo Degation Sex: Jenale Spayed: 225 Neutered:\_\_\_\_ Color: while Rabies Tag #: 00505 Rabies Tag Year: 005 Microchip #: 941-010-001-576-000 Name of Veterinarian: Jamy Parks Armal Hospital I have received the appropriate Dangerous Dog Collar and \_\_\_\_\_ Dangerous Dog Advisory Signs. I have verified all information to be correct and shall abide by all mandates provided within the Dangerous Dog Ordinance for which I have received a copy of.

## STATE OF LOUISIANA PARISH OF CADDO

## HOLD HARMLESS AND INDEMNITY AGREEMENT



expenses, for bodily injury, including death, personal injury and property damage, arising out of, in connection with or resulting from the actions of the above-identified animal.

IN WITNESS WHEREOF, the parties hereto have made and executed this agreement as of the day and year first written above.

| WITNESSES:  (VUS+a) Young (Witness Printed Name)                                 | By:(Printed Name)                                       |
|--|---|
| (Witness Printed Name)  PARISH OF CAPDO  Leborah (1/105)  (Witness Printed Name) | By: Travis Clark, Director Caddo Parish Animal Services |
| (Witness Printed Name)   |   |