#### **Loudoun County Animal Services**

## Exotic and Venomous Animals Registration PAGE 1 (TYPE OR PRINT)

SEND THE COMPLETED FORM TO:
Loudoun County Animal Services
42225 Adoption Drive
Leesburg, VA 20175
OR BY EMAIL: animals@loudoun.gov

Section 1: Owner Information OWNER NAME (FIRST, LAST):			
EMAIL ADDRESS:	TELEPHONE NUMBER(S):		
OWNER ADDRESS (PO BOX ADDRESSES ARE NOT ACCEPTABLE):	IS THERE A CO-OWNER FOR THE ANIMAL YOU ARE REGISTERING?  YES NO  IF YES, SECTION 4 ON PAGE 2 MUST BE COMPLETED.		
Section 2: Animal Information			
ANIMAL SPECIES:			
AGE:	SEX:		
BRIEF DESCRIPTION OF COLOR AND MARKINGS:			
ANIMAL NAME/IDENTIFIER:	DOES THIS ANIMAL HAVE ANY FORM OF IDENTIFICATION? (TAG, MICROCHIP, ETC)		
ANIMAL LOCATION ON PROPERTY.	YES NO  IF YES, PLEASE PROVIDE IDENTIFICATION INFORMATION BELOW:		
ANIMAL LOCATION ON PROPERTY:			

### **Section 3: Animal Photographs**

YOU MUST PROVIDE THE FOLLOWING PHOTOGRAPHS FOR EACH ANIMAL. IF SUBMITTING VIA EMAIL, PHOTOGRAPHS MUST BE PNG OR JPG FILES AND NAMED

"OWNERLASTNAME\_ANIMALSPECIES\_ANIMALNAME\_PHOTO #" EX. "SMITH\_SNAKE\_JOHN\_1"

1. FRONT/HEAD PHOTO 2. TOP FULL BODY PHOTO 3. LATERAL FULL BODY PHOTO
PHOTOS SHOULD BE WELL LIT WITH THE ANIMAL CLEARLY VISIBLE.



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## **Loudoun County Animal Services**

# Exotic and Venomous Animals Registration PAGE 2 (TYPE OR PRINT)

SEND THE COMPLETED FORM TO:
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Leesburg, VA 20175
OR BY EMAIL: animals@loudoun.gov

Section 4: Co-Owner Information This section must be completed if there is a second or co-owner for the animal you are registering.

CO-OWNER NAME (FIRST, LAST):

EMAIL ADDRESS:

TELEPHONE NUMBER(S):

EIMAIL ADDRESS:		TELEPHONE NOWBER(S):	
CO-OWNER ADDRESS (PO BOX ADDR	RESSES ARE NOT ACCEPTABLE):		
Section 5: Certification  I certify that the information provid that I have reviewed the Exotic and Loudoun County. To the best of my comply with all the regulations and and local laws and ordinances. I cert	Venomous Species addition knowledge and belief, I am ir standards of care for the anii	to Chapter 612 of the Codified Ordin n compliance with and agree to conti mals in my possession, in accordance	nances of Inue to
SIGNATURE:	PRINT NAME	:	DATE:
FOR OFFICIAL LCAS USE ONLY			
PID:	DATE RECEIVED:	CHAM FNT	RV.

TO REGISTER ADDITIONAL ANIMALS TO THE SAME OWNER(S), PLEASE USE ATTACHEMENT 1.



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# Exotic and Venomous Animals Registration ATTACHMENT 1 – ADDITIONAL ANIMALS (TYPE OR PRINT)

SEND THE COMPLETED FORM TO:
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42225 Adoption Drive
Leesburg, VA 20175
OR BY EMAIL: animals@loudoun.gov

**ANIMAL #2: Animal Information** ANIMAL SPECIES: AGE: SEX: BRIEF DESCRIPTION OF COLOR AND MARKINGS: ANIMAL NAME/IDENTIFIER: DOES THIS ANIMAL HAVE ANY FORM OF IDENTIFICATION? (TAG, MICROCHIP, ETC) YES NO ANIMAL LOCATION IF DIFFERENT FROM OWNER ADDRESS: IF YES, PLEASE PROVIDE IDENTIFICATION INFORMATION BELOW: ANIMAL LOCATION ON PROPERTY: PHOTOGRAPHS MUST BE SUBMITTED FOR EACH ANIMAL. REFER TO SECTION 3 FOR PHOTOGRAPH SUBMISSION INSTRUCTIONS. **ANIMAL #3: Animal Information ANIMAL SPECIES:** AGE: SEX: **BRIEF DESCRIPTION OF COLOR AND MARKINGS:** ANIMAL NAME/IDENTIFIER: DOES THIS ANIMAL HAVE ANY FORM OF IDENTIFICATION? (TAG, MICROCHIP, ETC) YES П № ANIMAL LOCATION IF DIFFERENT FROM OWNER ADDRESS: IF YES, PLEASE PROVIDE IDENTIFICATION INFORMATION BELOW: ANIMAL LOCATION ON PROPERTY:

PHOTOGRAPHS MUST BE SUBMITTED FOR EACH ANIMAL. REFER TO SECTION 3 FOR PHOTOGRAPH SUBMISSION INSTRUCTIONS.



**Animal Services** 

ANIMAL #4: Animal Information				
ANIMAL SPECIES:  AGE:		SEX:		
BRIEF DESCRIPTION OF COLOR ANI	D MARKINGS:			
ANIMAL NAME/IDENTIFIER:  ANIMAL LOCATION IF DIFFERENT F	ROM	DOES THIS ANIMAL HAVE ANY FORM OF IDENTIFICATION? (TAG, MICROCHIP, ETC)		
OWNER ADDRESS:  ANIMAL LOCATION ON PROPERTY:		IF YES, PLEASE PROVIDE IDENTIFICATION INFORMATION BELOW:		
PHOTOGRAPHS MUST BE SUBMITTED  ANIMAL #5: Animal Inform  ANIMAL SPECIES:  AGE:		ECTION 3 FOR PHOTOGRAPH SUBMISSION INSTRUCTIONS.  SEX:		
BRIEF DESCRIPTION OF COLOR AND MARKINGS:				
ANIMAL NAME/IDENTIFIER:		DOES THIS ANIMAL HAVE ANY FORM OF IDENTIFICATION? (TAG, MICROCHIP, ETC)		
ANIMAL LOCATION IF DIFFERENT FOR OWNER ADDRESS:		YES NO  IF YES, PLEASE PROVIDE IDENTIFICATION INFORMATION BELOW:		
ANIMAL LOCATION ON PROPERTY:				
PHOTOGRAPHS MUST BE SUBMITTED FOR EACH ANIMAL. REFER TO SECTION 3 FOR PHOTOGRAPH SUBMISSION INSTRUCTIONS.  FOR OFFICIAL LCAS USE ONLY				
PID:	DATE RECEIVED:	CHAM ENTRY:		



**Animal Services**