

# APPLICATION FOR REVIEW OF DECLARATION

## Orange County Animal Services, NC

Note: Declarations are eligible for review annually, 6 months after the first inspection.

Assessment by an accredited trainer or behaviorist is required for review.

Review is not permitted if any violations of the county's animal ordinance or applicable state laws have occurred within the preceding 18 months.

For office use only:

Date received: \_\_\_\_\_

Date completed: \_\_\_\_\_

### Section I:

Owner's full name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Pet's Name: \_\_\_\_\_ Sex: (circle one) Male Female Neutered Male Spayed Female

Pet's color: \_\_\_\_\_ Breed: \_\_\_\_\_

### Section II:

What declaration is under review? Please refer to the original declaration and mark each box that applies below:

- Without provocation has bitten, killed or caused physical harm through bite(s) to a person; or
- Without provocation has attempted to bite a person or cause physical harm through bite(s) to a person; or
- Without provocation has injured, maimed or killed a pet or domestic livestock, except where such animal has bitten or killed a pet or domestic livestock that is on the land of another without permission or is defending a person; or
- Has been deemed potentially dangerous or dangerous in accordance with N.C. Gen. Stat. Chapter 67, Article 1A. Dangerous Dog.

Did you submit an appeal after this declaration was made?  Yes  No

If so, when was that appeal hearing held? \_\_\_\_\_

### Section III:

How do you manage and house your pet?

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Describe any training you've done with your dog since the dog was declared dangerous. With whom did this training take place?

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Describe how this dog's behavior is now different than it was at the time of the declaration?

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Please tell us anything else you'd like for us to know about changes in your dog's behavior. (including effects of sterilization, aging, etc.)

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Has your pet completed an assessment with an accredited trainer or behaviorist?  Yes  No

When was the assessment completed? \_\_\_\_\_

Please provide the trainer or behaviorist's name and contact information below:

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**Important: Attach the completed assessment documentation to this application.**

I hereby certify that there have been no violations of the county's animal ordinance or pertinent state laws since the declaration.

\_\_\_\_\_  
Owner signature

\_\_\_\_\_  
Date

For office use only:

Outcome: Declaration voided?  Yes  No

Findings and statement of facts by Director of Animal Services:

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Director's Signature

\_\_\_\_\_  
Date

Date for next review request: \_\_\_\_\_