



**City of Helena**  
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 Helena MT 59623  
 (406) 447-8450  
 Fax (406) 447-8377  
 citywater@helenamt.gov

**City of Helena CERTIFICATE OF REGISTRATION FOR A DANGEROUS DOG**

**\$25.00 Annual Fee (Jan. to Dec.)**

I \_\_\_\_\_, of \_\_\_\_\_, **Helena, MT**  
Type/Print Owner's Name Street

Address **Declare That:**

**1. I am the owner of a dangerous dog described as:**

_____	_____	_____	_____
<small>Dog's Name/Breed</small>	<small>Sex</small>	<small>Color</small>	
_____	_____	_____	_____
<small>Size – S, M, L</small>	<small>Weight</small>	<small>Dog License Number</small>	<small>Dog Tag Number</small>

**2. I securely confine the dog on my property in the following manner (check all that apply):**

- Indoors.
- In a closed and locked pen or structure with secure sides and a secure top that provide the dog with protection from the elements. If the bottom of the pen or structure is not secured to the sides, the sides must be embedded no less than two feet (2') into the ground.
- Muzzled and restrained by a substantial leash or chain and under the control of a responsible person.

**3. I have the following insurance protection-Must be attached to this application (check one of the following):**

**A security bond in the amount of at least \$50,000.00 issued by:**  
 (A copy of the security bond is attached to this application.)

_____	_____
<small>Name of Surety</small>	<small>Date of Bond</small>

**Liability insurance (such as homeowner's insurance).** A copy of policy issued by an insurer qualified under the laws of the state in the amount of at least fifty thousand dollars (\$50,000.00), insuring the owner for any personal injuries inflicted by the dangerous dog . (Ord. 2452, 9-14-1987)

_____	_____
<small>Name of Insurance Company</small>	<small>Policy Number</small>
_____	_____
<small>Name of Insured</small>	<small>Date of Policy</small>

I understand that this Certificate of Registration may be revoked for any violation of the Helena Animal Control Ordinances. I am aware that providing false information on this document may be punishable under Section 45-7-203, MCA.

\_\_\_\_\_  
Signature of Applicant Date

**Application Reviewed by City Attorney** \_\_\_\_\_  
Signature Date