

Jackson County Sheriff's Office
Registration Form for Regulated Animals
Missouri Statute 578.023

Full Name of Owner: _____ DOB: _____

Physical Address of Location of Animal : _____

Mailing Address (if different than above): _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____

Species: _____

Common Name: _____ Wgt: _____ Sex: _____ Age: _____

Identifying Characteristics (color, markings): _____

The animal's primary care veterinarian: _____

Primary care veterinarian's Address/Phone: _____

Handler Name: _____ DOB: _____

Handler Address _____ Phone: _____

Previous Owner Information: _____

Signature: _____ Date: _____

The following items must be supplied when registering this (these) animal(s):

Please check off this section as completed.

- _____ A copy is attached of the current liability insurance policy carried by the owner to compensate persons for personal injury and property damage that may result (minimum \$ _____ policy limit)
- _____ A picture is attached of the animal(s).
- _____ A copy is attached of all state and federal permits and licenses, including importation and health certificates required for keeping of the animal(s).
- _____ A copy is attached of the owner's escape plan in the event that the animal should escape from the owner's site.
- _____ A copy is attached of paperwork for Micro chipping or other reliable animal identification device or system.

Officer's Notes: _____
