



Sheriff's Office

Exotic Animal Registration Form

Owner Information	n:		
Owner Name:			
DOB:	SS# or Driver Lic	c.#	
Address:		City:	
Phone:	Cell/Pager:	Work Phone:	
Place of business:	(name & address)		
Secondary Owner N	Name:		
DOB:	SS#/Driver Lic.#		
Address:		City:	
Phone:	Cell/Pager:	Work Phone: _	
Place of business:	(name & address)		
•	-	l: Sex:	Age:
		guishing marks:	
Type of containme	•		
Veterinarian name	, address, & phone:		

Special needs of animal:
Are you the original owner of this animal? Yes No If "No" who was the previous owner and or where was the animal obtained?
Have you owned this animal while residing in another county/state? Yes No If "Yes" where?
Upon researching the background of this animal will there be any reports of escapes or attacks? Yes No
If yes, what were the circumstances:
Location of animal's containment:
Are there children that reside at the location of this animal? Yes No Name/Ages:
Parent/Guardian Name: Phone:
Should you be out of town for any reason, who would be the primary caretaker of this animal in your absence?
Name:City:
Two (2) Phone #'s: &
Is the animal insured and if so by who and for how much liability? Insurance Carrier:
Address:
Phone: Policy Number :
Amount of coverage:
I agree that the information provided by me is correct and not in any type of error.
Signature:
Printed Name of Owner:
Date: