



City of Buckner  
315 S Hudson Street, P.O. Box 377  
Buckner, Missouri 64106-0377  
816-650-3939

Tag(s) # \_\_\_\_\_  
# \_\_\_\_\_  
# \_\_\_\_\_  
# \_\_\_\_\_

**ANIMAL REGISTRATION FORM**

- DOG \_\_\_\_\_ NUMBER (LIMIT 4)
- CAT \_\_\_\_\_ NUMBER (LIMIT 4)
- OTHER \_\_\_\_\_ NUMBER (LIMIT 4)

**Owners will provide 2 color photos (one frontal view & one side view) of EACH animal to be licensed.**

PET(S) DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OWNER(S) NAME:

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OWNER (S) ADDRESS:

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OWNER (S) PHONE: \_\_\_\_\_

EMERGENCY CONTACT (NAME AND PHONE):

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RECEIPT # \_\_\_\_\_

*I ACKNOWLEDGE THAT BY SIGNING THIS REGISTRATION FORM, I HAVE BEEN GIVEN A COPY OF THE CITY OF BUCKNER'S ANIMAL ORDINANCES. I ACCEPT THE TERMS AND CONDITIONS AND AGREE TO ABIDE BY THE CITY OF BUCKNER'S ANIMAL ORDINANCES. (EACH OWNER MUST SIGN).*

SIGNATURE (S): \_\_\_\_\_

SIGNATURE (S): \_\_\_\_\_

**(ATTACH COPY OF RABIES VACCINATIONS)**

ADMINISTRATION NOTES:

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