



Animal Permit Application

Animal Permit Applications must be submitted at least 20 days before permit is needed. All items on this application must be completed. The completed application and the appropriate Animal Permit Fee(s) must be paid before the permit request may be considered. Permit approval is based upon compliance with Texas laws and Chapter 6 (Animals and Fowl) and all other applicable chapters of the City of Laredo Code of Ordinances. In the event that a permit is not issued, the fee will not be refunded. Permits are non-transferable. *(Please print or type.)*

I. Permit Type Requested (Please mark with an X)

<input type="checkbox"/>	Litter: Non-Business	<input type="checkbox"/>	Circus	<input type="checkbox"/>	Special	<i>Go to page 3 for required supplemental details</i>
<input type="checkbox"/>	Litter: Business	<input type="checkbox"/>	Rodeo	<input type="checkbox"/>	Livestock	
<input type="checkbox"/>	Pet Store: Limited	<input type="checkbox"/>	Animal Show	<input type="checkbox"/>	Dangerous Dog	
<input type="checkbox"/>	Pet Store: All	<input type="checkbox"/>	Petting Zoo	<input type="checkbox"/>	Dangerous Wild	
<input type="checkbox"/>	Grooming Shop	<input type="checkbox"/>	Animal Exhibit	<input type="checkbox"/>	Temporary Zoo	

Address where animals will be housed: _____

Phone _____ (Address) _____ (Suite) _____ (City) _____ (State) _____ (Zip)

Does applicant own this property? YES NO (If no, you must provide owner's written permission.)

Is this property zoned for the intended use? YES NO (If no, application cannot be approved without City Zoning waiver.)

II. Business Information

Legal Name _____ Phone _____ Fax _____

Physical Address _____
(Street Address) (Suite #) (City/State) (Zip Code) (Sales Tax ID #)

Will animals be housed here? YES NO (if no, where? _____)

Responsible Person _____ Phone _____ E-Mail _____

Mailing Address _____
(Address) (Suite #) (City) (State) (Zip Code)

Website: _____ C of O Application Date: _____ Inspection-Ready Date _____

Days/Hrs Open _____ Insurance Certificate Attached Yes; Facilities Plan Attached Yes

II. Ownership Information

Sole Owner Partnership Corporation LLC Agency Non Profit Other _____

Owner's Name: _____ Is Waiver Requested? Yes*

Please list names and titles of owners/partners/directors/officers:

Name & Title	Mailing Address	City	State	Zip Code	Driver Lic State, #

(In lieu of detailed listing, provide web site where information is available). _____

III. Personnel Information

Gen Mgr's (GM) Name _____ DOB: _____ Driver's Lic. _____ E-mail _____
 Mailing Address _____ Phone: _____
 Address (Ste. No.) (City) (State) (Zip Code)

Note: All permit holder's must have a valid agreement with a licensed veterinarian for providing medical services to animals.

Veterinarian's Name _____ Texas Lic. _____ Phone _____ E-mail _____

Has applicant been convicted of animal theft or cruelty to animals? _____ No _____ Yes (if yes, please explain below)

Comments/Remarks: (*If waiver requested, include reasons.)

The applicant agrees to comply with all applicable provisions of state and federal laws, City of Laredo ordinances and with all orders by the Health Director or his representative. Applicant understands that an approval inspection of premises will be conducted by the Health Department before valid permit is issued for one year duration and subject to renewal based on the discretion of the Health Director. The applicant affirms that the information given herein is correct and agrees to inform the Health Director or his representative of any changes in the information on this application within 15 days of the date of the changes. Changes in ownership, name of business, location and type of permit require a new application. Failure of said notification and/or any false statements in this application may result in a municipal court citation and/or revocation of permit.

 Applicant's Signature Date Applicant's Name (Printed/Typed)

For Official Use Only

Date Appl. Received		Permit #s	Permit Inspection OK By: _____ Date: _____
Litter Fee (No.: _____)			Follow Up Inspection: _____ Date: _____
Pet Store Fee			Comments
Special Fee _____			
Other Fee _____			
Total Fee			
Fee Waiver OK by (_____)			
Amount Owed			
Receipt No.			
Date Paid			
Vendor ID No.			
Theft/Cruelty Background OK By: _____ Date: _____			
C of O Approval Date			
Date Permit Effective			Permit Issued By: _____ Date: _____
Date Permit Expires			Permit mailed By: _____ Date: _____



City of Laredo Health Department Litter Permit Supplemental Details



APPLICANT'S NAME:	
ADDRESS:	
TELEPHONE NUMBER(S):	

ADDRESS WHERE ANIMAL(S) WILL BE HOUSED:	
Non-Business Permit	Business Permit

Animal Information: Please provide the information below. A separate permit is required for each intact female dog or cat. Also, provide proof of current rabies vaccination for each animal. If micro chipped, please provide proof by attaching copies of rabies and micro chip certificates. Do not send originals. Please attach photographs of female dog or cat.

Female Dog/Cat (mother)*	
Name	
Age	
Predominant Breed	
Coloring	
Rabies Vacc. Date	
Microchip #	
Owner Name	
Address	
City	
State	
Zip	

Male Dog/Cat (father)*	
Name	
Age	
Predominant Breed	
Coloring	
Rabies Vacc. Date	
Microchip #	
Owner Name	
Address	
City	
State	
Zip	

* Must be registered as an Intact Dog or Cat.

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Notice: The issuance of a permit authorizes the whelping of no more than two (2) litters per female dog or cat in any 12 month period. **A detailed report on each litter born to a permitted female dog or cat must be submitted to the Health Department within 10 days of birth.** Puppies and kittens under the age of 8 weeks may not be offered for sale, trade, or other compensation, and/or give away without the written approval of a veterinarian. The Health Department may conduct an inspection at any reasonable time. The Health Department is authorized to impound animals for responsible person's failure to obtain a permit after due notice and/or failure to timely submit the required Litter Whelping Report with information on each litter within 10 days of birth.

APPLICANT CERTIFICATION

The applicant agrees to comply with all applicable state and federal laws, provisions of City of Laredo ordinances and with all orders by the Health Director or his representative. The applicant affirms that the information given herein is correct and agrees to inform the Health Director or his representative of any changes in the information on this application within 15 days of the date of the changes. Permits are non-transferable. Changes in ownership, name of establishment, and type of permit require a new permit application. Failure of said notification or any false statements in this application may result in the issuance of a municipal court citation and/or revocation of permit.

An executed permit, once approved, will be mailed to you. The permit number shall be prominently displayed in all advertisements, notices, or displays for sale or trade or give away of a member of litter.

Applicant's Signature	Date	Applicant's Name (Printed/Typed)
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