



City of Laredo Animal Care Services Department
 5202 Maher Ave Laredo, Tx 78041 Phone (956)625-1860



Animal Permit Application

Animal Permit Application 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 the 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
<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

*Litter permits will only be issued if both parents of the litter are micro chipped and registered as intact dogs and cats.

Address where animals are kept:

Phone _____ (Address) _____ (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 _____ Email _____

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

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

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

III. 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). _____

IV. Personal Information

Gen. Mgr's (GM) Name: _____

DOB: _____ Driver's Lic.: _____ E-mail : _____ Phone: _____

Mailing Address _____
 Address (Ste. No.) (City) (State) (Zip Code)

Note: All permit holders 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 Laredo Animal Care Services Director or his representative. Applicant understands that an approval inspection of premises will be conducted by Laredo Animal Care Services before valid permit is issued for one year duration and subject to renewal based on the discretion of the Laredo Animal Care Services Director. The applicant affirms that the information given herein is correct and agrees to inform the Laredo Animal Care Services Director or his representative of any changes in the information on this application within 15 days of the date of changes. Changes in ownership, name of business, location and type of permit require a new application. Failure of said notification and/or any false statement in this application may result in a municipal court citation and/or revocation of permit.

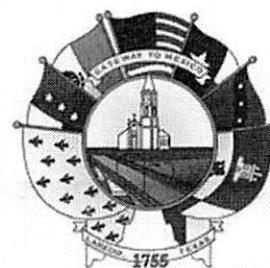
 Applicant's Signature Date Applicant's Name (Printed/Type)

For Official Use Only

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



City of Laredo
Laredo Animal Care Services Animal Control
Special Permit- Livestock Application



Applicant's Name: _____ Phone: _____

Address: _____ Phone: _____

Parent/Guardian: _____

School: _____ Instructor: _____ Grade: _____

Reason for Special Permit: _____

(Sec. 6-66 Animal Chapter, Code of Ordinances)

Address where animals are to be kept: _____

Number of animals: _____ Species: _____ Length of time kept: _____

Description of enclosure (size/material used): _____

How enclosure is to be cleaned: _____

How often enclosure are to be cleaned: _____

How will waste/dropping be stored: _____

How often will waste be disposed of: _____

Where will waste be disposed of: _____

Distance to property line: _____

Distance to closest dwelling _____

I certify that all City Health requirements will be observed for as long as this animal(s) are in my care. Failure to do so will result in the revocation of this permit.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Livestock Permit Application

Sketch of premises, including address and distance to neighbor's residence.

Applicant: _____ Address: _____

Neighboring properties and the distance from this residence to pens, where animal(s) are kept:

Address: _____ Ft: _____

Address: _____ Ft: _____

Address: _____ Ft: _____

Address: _____ Ft: _____

Address: _____ Ft: _____

Neighbor's Comments:

Name: _____ Phone: _____

Address: _____

- I consent to my neighbor keeping livestock or small animal(s)
- I do not consent to my neighbor keeping livestock or small animal(s)

Signature

Date

Name: _____ Phone: _____

Address: _____

- I consent to my neighbor keeping livestock or small animal(s)
- I do not consent to my neighbor keeping livestock or small animal(s)

Signature

Date

Name: _____ Phone: _____

Address: _____

- I consent to my neighbor keeping livestock or small animal(s)
- I do not consent to my neighbor keeping livestock or small animal(s)

Signature

Date

Name: _____ Phone: _____

Address: _____

- I consent to my neighbor keeping livestock or small animal(s)
- I do not consent to my neighbor keeping livestock or small animal(s)

Signature

Date

Name: _____ Phone: _____

Address: _____

- I consent to my neighbor keeping livestock or small animal(s)
- I do not consent to my neighbor keeping livestock or small animal(s)

Signature

Date

Name: _____ Phone: _____

Address: _____

- I consent to my neighbor keeping livestock or small animal(s)
- I do not consent to my neighbor keeping livestock or small animal(s)

Signature

Date