



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 Pet Store Permit Supplemental Details



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

ADDRESS WHERE ANIMAL(S) WILL BE HOUSED:

	Limited Sales Permit (birds, fish, rats, mice, gerbils)	All Pets Permit
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Do you also sell, offer or maintain for sale animals at any other location other than this premise location? NO YES

If so, location: _____

Have you or any of your employees ever been convicted of any crime relating to theft or cruelty to animals? NO YES

If "yes", please give details: _____

Is this pet shop USDA licensed? NO YES (provide copy of USDA license)

USDA license #: _____ Effective date: _____ Expiration Date: _____

Name of Veterinarian(s): _____ Texas License No.(s): _____ Phone: _____

Type of Animals: (Please circle all type(s) that apply.)

Pet Animals: Dogs, Cats, Gerbils, Canaries, Parrots, Parakeets,, Birds, Pocket Pets, Other Domestic _____

Small Animals: Rabbits, Hares, Guinea Pigs, Domestic Ferrets, Mice, Rats, Other Small Animals _____

Large Livestock: Horses, Shetland Ponies, Mules, Donkeys, Ponies, Cattle, Goats, Sheep, Other _____

Domestic Fowl: Ducks, Geese, Chickens, Turkeys, Partridges, Parakeets, Pigeons, Other (meat, eggs, show) Birds _____

Fowl: Chickens, Turkeys, Pheasant, Quail, Guineas, Ducks, Pigeons, Peacocks, other feathered animals, not pets _____

Reptiles: Non-poisonous, Non-prohibited Snakes, Iguanas, Lizards, Turtles, Tortoises, Frogs, other pet reptiles _____

Fish: Non-poisonous, Non-prohibited Fish--Saltwater, Fresh Water _____

Upon receipt of permit, the applicant agrees to furnish every purchaser a written statement at the time of sale which shall include:

- (1) Date of sale;
- (2) Name, address and telephone number of purchaser and Pet Shop permit holder;
- (3) Pet Shop Permit number of permit holder;
- (4) Breed, description, approximate age and sex of dog, cat or other animal sold (small mammals, parrot-type birds, fish not included);
- (5) Medication and prophylactic immunization and dates administered;
- (6) Internal parasite medication(s) and date(s) administered;
- (7) A guarantee of general good health at the time of sale with a disclosure of any health issue and/or provide veterinarian care while at the store and with recommendation to have the animal examined by a licensed veterinarian. The permit holder shall retain a copy of the written statement for twelve (12) months from date of sale.
- (8) A written warning related to reptile-associated salmonellosis is provided to each purchaser of a reptile.
- (9) Written information as to the requirements of ownership of these animals within the city including requirements for rabies vaccination, litter permits, intact animal permits, micro chipping and registration.

The applicant also agrees that:

1. Pet shop will support compliance with *Animal and Fowl Ordinance Chapter 6-78 Litter Permit* requirements for dog and cat litters.
2. The name, address, and telephone number of each purchaser of any dog or cat transferred will be provided to the Health Department within five (5) days after the sale or transfer.
3. Records shall be maintained in good auditable condition, and surrendered to the Director or authorized representative upon request.
4. Veterinarian(s) will be paid directly for any animal examination required by the Director or authorized representative or be subject to reimburse the Health Department under possible penalty of a citation for violation of the ordinance.
5. Pet shops are subject to inspection at anytime during the shop's regular business hours or other reasonable time.
6. The pet shop permit must be displayed in a prominent place on the premises.

Applicant Affirmation

The applicant agrees to comply with all applicable state and federal laws and provisions of City of Laredo ordinances and with all orders issued by the Health Director or his representative. Applicant understands that a permit is issued for one year and is renewable upon 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. Permits are non-transferable. Changes in ownership, name of establishment, and type of permit require a new permit application. Failure of said notification or a false statement in this application may result in the issuance of a municipal court citation and/or revocation of permit.

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