

City of Waco

Application For Intact Animal Permit

Applicant's First Name _____ Last Name _____ Middle Initial _____

E-Mail _____ Date of Birth ____/____/____ DL # _____

*Street Address _____

Address City State Zip

**Mailing Address (if different) _____

Address City State Zip

Home Phone # _____ - _____ - _____ Cell Phone # _____ - _____ - _____

*You must give your physical resident address **You may provide a PO Box for mailing purposes only.

IDENTIFICATION AND LOCATION OF ANIMAL

Name _____ Species: Dog Cat Gender: Male Female

Prominent Breed _____ Secondary Breed _____

Primary Color _____ Secondary Color(s) _____

Age _____ Microchip ID# _____ Rabies Tag # & Vet _____

PHYSICAL LOCATION (ADDRESS) OF ANIMAL, if different from applicant's address. SAME

Street Address _____

Address City State Zip

I understand it is my sole responsibility to update any changes in the information provided on the Application, including any change of addresses or telephone contact information. Initials _____

I fully understand that the intact animal permit is **not** transferable. Initials _____

I understand that my dog/cat must be in compliance with the vaccination requirements of section 5-61. (vaccinated against rabies) Initials _____

I understand that my dog/cat must also have some kind of identifying license, tag, tattoo, or microchip to prove my ownership of said animal described above. Initials _____

I understand that an annual fee of \$35 must be paid prior to receiving a permit. Initials _____

I also understand that if the animal in question is female she may **not** have more than **ONE** litter during the permit term. Initials _____

I further understand that I must send an application for each animal and pay an annual fee per animal each year. Initials _____

Applicant's Signature

Date

Signature of the Authority

Approval Date