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 #_____

Rabies Vaccination Date _____ Date of expiration _____

Name and Phone Number of 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