

PERMIT APPLICATION TO KEEP ANIMALS

Type: Animal Possessor

RECORD # _____



THE CITY OF
COLUMBUS
ANDREW J. GINTHER, MAYOR

COLUMBUS
PUBLIC HEALTH

Instructions	Please complete this application by printing and signing where indicated. Fill out the form as completely as possible. If a question or comment does not apply, leave it blank. Questions about this form should be directed to the Public Health Veterinarian at (614) 645-6748.
Please Provide: Name of person REQUESTING permit. Birth date of adult permit applicant. Convicted or found responsible of animal related offense? Contact information for applicant.	Applicant details Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify) _____ Name _____ Date of Birth _____ (mm/dd/yyyy) Eligible for WIC ? <input type="checkbox"/> Yes <input type="checkbox"/> No Eligible for SNAP / Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No Convicted of animal related offense(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of offense? _____ Signature of Applicant _____ Date ____/____/____ Address _____ City _____ State _____ Zip code _____ Phone _____ Fax _____ Mobile _____ E-mail: _____
Please Provide: SITE where animal(s) are to be kept. Fencing type, i.e. Wood, Chain link, etc. Height of fence in feet. Zoning, i.e. Residential Commercial, etc.	Animal location address and details Street Address _____ City _____ State _____ Zip code _____ Is the area fenced? <input type="checkbox"/> No <input type="checkbox"/> Yes Fence Type _____ Fence Height _____ (feet) How is the land zoned? _____
Please Provide: Property owner of animal location address	Property Owner details Name of Owner _____ Phone _____ Address _____ City _____ State _____ Zip code _____ Signature of Owner _____ Date _____ Print owner name _____

Please Provide: Type and quantity.	Animals - General			
	Type of Animal(s) _____ Number of Animal(s) to be kept _____			
	Source of animals. (Breeder, pet shop, etc.)	Where will the Animal(s) be obtained? <input type="checkbox"/> "X" box if more than one source Name _____ Phone _____ Address _____ City _____ State _____ Zip Code _____		
Veterinary care for animal(s).	Who will provide veterinary care for the Animal(s)? <input type="checkbox"/> "X" box if more than one facility Name _____ Phone _____ Address _____ City _____ State _____ Zip Code _____			

Please Provide: Housing type(s) Species, breed, color, sex, age, etc. of animal(s).	Animal Details - Complete if you have the animal(s). Businesses STOP here.																																											
	Housing: <input type="checkbox"/> Pen <input type="checkbox"/> Coop <input type="checkbox"/> Barn <input type="checkbox"/> Indoor <input type="checkbox"/> Other (specify) _____																																											
	<table border="0"> <thead> <tr> <th>Animal Information</th> <th>Animal # 1</th> <th>Animal # 2</th> <th>Animal # 3</th> </tr> </thead> <tbody> <tr> <td>Name.....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Species.....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Breed.....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Color.....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Sex</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Age.....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Microchip Number.....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Registration Number.....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Neutered/Spayed/Castrated?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>				Animal Information	Animal # 1	Animal # 2	Animal # 3	Name.....	_____	_____	_____	Species.....	_____	_____	_____	Breed.....	_____	_____	_____	Color.....	_____	_____	_____	Sex	_____	_____	_____	Age.....	_____	_____	_____	Microchip Number.....	_____	_____	_____	Registration Number.....	_____	_____	_____	Neutered/Spayed/Castrated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**MAKE COPIES OF THIS PAGE BEFORE FILLING IN THE INFORMATION
IF YOU ARE APPLYING FOR MORE THAN NINE (9) ANIMALS**

Please Provide: Housing type(s) Species, breed, color, sex, age, etc. of animal(s).	Animals - Details (more than 3 animals)				
	Housing:	<input type="checkbox"/> Pen	<input type="checkbox"/> Coop	<input type="checkbox"/> Barn	<input type="checkbox"/> Indoor
		<input type="checkbox"/> Other (specify) _____			
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RETURN THIS FORM TO COLUMBUS PUBLIC HEALTH USING ONE OF THE FOLLOWING:

USPS MAIL: Columbus Public Health
C/O: Animal Program - 501288
240 Parsons Avenue
Columbus, Ohio 43215

EMAIL: Include "Animal Permit Application" in the subject line.
Send to: AnimalProgram@columbus.gov

FAX: Fax to the attention of the Animal Program.
614-645-7155