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.** • **Please answer all questions. If a question does not apply, write "N/A" on the line.** • **Questions regarding this form should be directed to Dr. Aaron K. Messer 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?**	**Applicant details** Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other (specify) _____ Name _____ Date of Birth _____ (mm\dd\yyyy) Convicted of animal related offense(s)? ☐ Yes ☐ No Type of offense? _____ Signature of Applicant _____ Date _____/_____/_____
Please Provide: **Contact information for applicant.**	**Contact details** Address _____ City _____ State _____ Zip code _____ Phone _____ Fax _____ Mobile _____ E-mail: _____
Please Provide: **Address where animal(s) are to be kept. If same as above, write "AS ABOVE".** **Fencing type, i.e. Wood, Chain link, etc. Height of fence in inches.** **Zoning, i.e. Residential Commercial, etc.**	**Animal location details** Street Address _____ City _____ State _____ Zip code _____ Is the area fenced? ☐ No ☐ Yes Fence Type_____ Fence Height _____ How is the land zoned? _____
Please Provide: **Owner for above premises. If same as applicant, write "AS ABOVE".**	**Property Owner details** Name of Owner _____ Phone _____ Address _____ City _____ State _____ Zip code _____ Signature of Owner _____ Date _____/_____/_____

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? ☐ "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)? ☐ "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).

Animals – Details (1 to 3 animals)

Housing: ☐ Pen ☐ Coop ☐ Barn ☐ Indoor

☐ Other (specify) _____

Animal Information	**Animal # 1**	**Animal # 2**	**Animal # 3**
Name……...	_____	_____	_____
Species……	_____	_____	_____
Breed……	_____	_____	_____
Color……	_____	_____	_____
Sex ……	_____	_____	_____
Age……...	_____	_____	_____
Microchip Number……..	_____	_____	_____
Registration Number……..	_____	_____	_____
Spayed/Castrated?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

CONTINUED ON NEXT PAGE

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: ☐ Pen ☐ Coop ☐ Barn ☐ Indoor

☐ Other (specify) _____

Animal Information	**Animal #___**	**Animal #___**	**Animal #___**
Name……...	_____	_____	_____
Species……	_____	_____	_____
Breed……	_____	_____	_____
Color……	_____	_____	_____
Sex ……	_____	_____	_____
Age……...	_____	_____	_____
Microchip Number……..	_____	_____	_____
Registration Number……..	_____	_____	_____
Spayed/Castrated?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Please Provide:

Housing type(s)

Species, breed, color, sex, age, etc. of animal(s).

Animals – Details (continued)

Housing: ☐ Pen ☐ Coop ☐ Barn ☐ Indoor

☐ Other (specify) _____

Animal Information	**Animal #___**	**Animal #___**	**Animal #___**
Name……...	_____	_____	_____
Species……	_____	_____	_____
Breed……	_____	_____	_____
Color……	_____	_____	_____
Sex ……	_____	_____	_____
Age……...	_____	_____	_____
Microchip Number……..	_____	_____	_____
Registration Number……..	_____	_____	_____
Spayed/Castrated?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

RETURN THE COMPLETED FORM TO:

Columbus Public Health
C/O: Aaron Messer – 501288
240 Parsons Avenue
Columbus, Ohio 43215-5331