

# PERMIT APPLICATION TO KEEP ANIMALS

Type: Animal Possessor

RECORD # \_\_\_\_\_



COLUMBUS  
PUBLIC HEALTH

<b>Instructions</b>	<ul style="list-style-type: none"><li>• Please complete this application by printing and signing where indicated.</li><li>• Please answer all questions. If a question does not apply, write "N/A" on the line.</li><li>• Questions regarding this form should be directed to Dr. Aaron K. Messer at: (614) 645-6748.</li></ul>
<b>Applicant details</b>	
<b>Please Provide:</b>	Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify) _____
Name of "person" requesting permit.	Name _____
Birth date of adult permit applicant.	Date of Birth _____ (mm\dd\yyyy)
Convicted or found responsible of animal related offense?	Convicted of animal related offense(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Type of offense? _____
	Signature of Applicant _____ Date ____/____/____
<b>Contact details</b>	
<b>Please Provide:</b>	Address _____
Contact information for applicant.	City _____
	State _____ Zip code _____ Phone _____
	Fax _____ Mobile _____
	E-mail: _____
<b>Animal location details</b>	
<b>Please Provide:</b>	Street Address _____
Address where animal(s) are to be kept. If same as above, write "AS ABOVE".	City _____ State _____ Zip code _____
Fencing type, i.e. Wood, Chain link, etc. Height of fence in inches.	Is the area fenced? <input type="checkbox"/> No <input type="checkbox"/> Yes Fence Type _____
	Fence Height _____
Zoning, i.e. Residential Commercial, etc.	How is the land zoned? _____
<b>Property Owner details</b>	
<b>Please Provide:</b>	Name of Owner _____ Phone _____
Owner for above premises. If same as applicant, write "AS ABOVE".	Address _____
	City _____ State _____ Zip code _____
	Signature of Owner _____ Date ____/____/____

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

<b>Please Provide:</b> <b>Housing type(s)</b>  <b>Species, breed, color, sex, age, etc. of animal(s).</b>	<b>Animals – Details (1 to 3 animals)</b>			
	Housing: <input type="checkbox"/> Pen <input type="checkbox"/> Coop <input type="checkbox"/> Barn <input type="checkbox"/> Indoor <input type="checkbox"/> Other (specify) _____			
	<b>Animal Information</b>	<b>Animal # 1</b>	<b>Animal # 2</b>	<b>Animal # 3</b>
	Name.....	_____	_____	_____
	Species.....	_____	_____	_____
	Breed.....	_____	_____	_____
	Color.....	_____	_____	_____
	Sex .....	_____	_____	_____
	Age.....	_____	_____	_____
	Microchip Number.....	_____	_____	_____
Registration Number.....	_____	_____	_____	
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	

**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).	<b>Animals – Details (more than 3 animals)</b>				
	Housing:	<input type="checkbox"/> Pen	<input type="checkbox"/> Coop	<input type="checkbox"/> Barn	<input type="checkbox"/> Indoor
		<input type="checkbox"/> Other (specify) _____			
	<b>Animal Information</b>	<b>Animal #</b> __	<b>Animal #</b> __	<b>Animal #</b> __	
	Name.....	_____	_____	_____	
	Species.....	_____	_____	_____	
	Breed.....	_____	_____	_____	
	Color.....	_____	_____	_____	
	Sex .....	_____	_____	_____	
	Age.....	_____	_____	_____	
Microchip Number.....	_____	_____	_____		
Registration Number.....	_____	_____	_____		
Spayed/Castrated?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Please Provide:  Housing type(s)  Species, breed, color, sex, age, etc. of animal(s).	<b>Animals – Details (continued)</b>				
	Housing:	<input type="checkbox"/> Pen	<input type="checkbox"/> Coop	<input type="checkbox"/> Barn	<input type="checkbox"/> Indoor
		<input type="checkbox"/> Other (specify) _____			
	<b>Animal Information</b>	<b>Animal #</b> __	<b>Animal #</b> __	<b>Animal #</b> __	
	Name.....	_____	_____	_____	
	Species.....	_____	_____	_____	
	Breed.....	_____	_____	_____	
	Color.....	_____	_____	_____	
	Sex .....	_____	_____	_____	
	Age.....	_____	_____	_____	
Microchip Number.....	_____	_____	_____		
Registration Number.....	_____	_____	_____		
Spayed/Castrated?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**RETURN THE COMPLETED FORM TO:**

**Columbus Public Health  
Animal Program – 501288  
240 Parsons Avenue  
Columbus, Ohio 43215-5331**