CITY OF LAS VEGAS — ANIMAL CONTROL UNIT
416 North Seventh Street, Las Vegas, NV 89101 702-229-6444 (Voice) 702-386-9108 (TDD)

WILD ANIMAL PERMIT APPLICATION

(NOT FOR EXHIBITION)

OWNER _____ BUSINESS PHONE _____

ADDRESS _____ ZIP _____ BUSINESS LICENSE _____

NAME AND ADDRESS OF ANY OTHER PERSON TO BE PLACED IN CHARGE OF THE ANIMAL(S):

_____

_____

LOCATION WHERE ANIMAL(S) WILL BE KEPT: _____

DESCRIPTION OF QUARTERS: _____

UNDER WHAT CIRCUMSTANCES WOULD ANIMAL BE MOVED: _____

HOW WOULD ANIMAL(S) BE TRANSPORTED: _____

PURPOSE OF KEEPING ANIMAL(S) AND KNOWLEDGE AND PAST EXPERIENCE OF PERSON HANDLING THE ANIMAL(S):

_____

_____

A veterinary certificate for each animal listed below must accompany this application and certify the animal is properly vaccinated and possesses no health hazard to itself, other animals, or the general public.

State or federal permits may be required for certain species. Approval of this permit may depend upon satisfaction of those requirements. Please list below any additional permits you may currently possess for the animal(s) described below:

Agency	Date Issued

SPECIES	SEX	COLOR	WEIGHT	AGE	NAME	IDENTIFICATION (Tattoo, Micro chip)

I understand that if this permit is granted, I am to comply with all applicable ordinances. I further understand that if compliance is not maintained, this permit is subject to non-renewal, or the impoundment of said animal, and/or the issuance of a citation to appear in court.

Do not send payment with this application. A bill for $25 will be sent from City of Las Vegas Department of Finance.

SIGNATURE: _____ DATE: _____