



APPLICATION FOR ANIMAL PERMIT

Please Print

Name of Applicant: _____ Date: _____
 Home Address: _____ City/State: _____ Zip: _____
 Home Phone: _____ Additional Phone: _____
 Business Name: _____ Business Phone: _____
 Business Address: _____ City/State: _____ Zip: _____

TYPE OF PERMIT (Check all that apply) This is a _____ New Permit _____ Renewal Permit

_____ Cat Group _____ Dog Group _____ Boarding Kennel _____ Dog Breeder
 _____ Cat Breeder _____ Pet Shop _____ Restricted Animal _____ Dog Show
 _____ Cat Show _____ Commercial Kennel
 _____ Motion Picture, Television or Theatrical Performance _____ Animal Acts/Exhibits
 _____ Rodeo _____ Circus
 Number of days: _____ From: _____ To: _____

Emergency Contact Information:

Name: _____ Phone: _____ Phone: _____
 Address: _____

NUMBER AND TYPES OF ANIMALS TO BE KEPT *(Use reverse side if additional space is needed.)*

Number	Type	Number	Type

Animals are to be kept at: _____ Home _____ Business _____ Other
 If animals are rented, please provide the following: Name of Agency: _____
 Address: _____ Phone: _____

I hereby agree to abide by the laws and the rules and regulations of the Division of Animal Services. I certify that all statements made on or in connections with the application are true and complete to the best of my knowledge and belief, and I understand and agree that any violation of Iowa City ordinances pertaining to animals, Iowa State Code Sections 717A or 717B, or Iowa City Animal Services rules and regulations relating to permits may be cause for denial or revocation of permit.

I further understand and agree that my premises may be inspected in accordance with Section 8-4-2, City Code and such other sections as may be applicable.

 Signature of Applicant

 Date

DIVISION OF ANIMAL SERVICES Report and Recommendation:

Applicant(s) _____ meets, _____ does not meet, requirements set forth in the City Code and Iowa City Animal Services rules and regulations, and I therefore recommend this Permit

be granted _____ be denied _____ Director Inspection recommended _____.

Inspection Date: _____ Inspected by: _____

Permit Fee \$ _____ Director Approval: _____

Delinquent Fee \$ _____ Date Granted: _____

Total Fees \$ _____ PERMIT NO.: _____ Expires: _____

Receipt No.: _____ City Zoning approved: _____

Notes:
