

INTACT DOG PERMIT EXEMPTION APPLICATION

Application Number: _____

Application Date: _____

Primary Owner Name: _____
Owner's Address: _____
Email: _____ Phone 1: _____ Phone 2: _____

Additional Owner Name: _____
Owner's Address: _____
Email: _____ Phone 1: _____ Phone 2: _____

Address where the dog lives: _____
Dog Name: _____ *(only one (1) dog can be named per application form; each additional dog requires additional application form)*
Date the Owner(s) took possession of the dog: _____

WRITTEN DESCRIPTION OF DOG

Dog Primary Breed: _____ Dog Secondary Breed: _____
Dog Coat Color: _____ Secondary Color: _____ Dog Eye Color: _____
Type of Coat: Smooth Rough Long Short Other: _____
Description of Ears: _____ Description of Tail: _____ Weight of Dog: _____
Size: Small Med Large X-Large Date of Birth: _____ Age at time of application: _____
Has the dog been bred? Yes No If female, what is the date when the last litter was delivered? _____

VACCINATION REQUIREMENTS

Proof of current vaccinations is attached: Yes No
Current Veterinarian's Name: _____ Veterinary Clinic: _____
Date Vaccination was given: Distemper: _____ Parvovirus: _____ Rabies: _____

REQUIRED PHOTOGRAPHS

Dog photograph is attached; photographs remain with the application. *(photo must show face and full body; multiple photos may be submitted)*

MICROCHIP REQUIREMENTS

Microchip Number: _____ Microchip Manufacturer: _____

EXEMPTION REQUEST

Veterinary Letter submitted with the following information:
Veterinarian license number
Date letter was issued
Reason why the dog cannot be altered at this time
Future date when dog can be altered
Veterinarian's signature (must be original; photocopy will not be accepted)

PAYMENT REQUIREMENTS

Initial Application Fee \$10 Submitted at the time the application is submitted. All payments are nonrefundable and non transferable.

FOR OFFICE USE ONLY: Employee Should Initial and Date Each Action

Employee Receiving Application: _____ Initial Application Fee Received: Cash Credit Card Check Money Order
Employee Reviewing Application: _____ Employee Verify of Chapter 18 Violations: _____
 Approval Exemption, Incomplete or Denial Mailed or Delivered: _____
 Exemption Approved and Sent. **Exemption denied.**
 Temporary. Reapply for an intact permit or spay/neuter dog by _____.
 Permanent.