

# APPLICATION FOR CERTIFICATE OF REGISTRATION FOR DANGEROUS WILD ANIMALS

## I. INSTRUCTIONS:

- A. Prior to filing this Application the Applicant must read and familiarize himself with the following:
- Subchapter E, Chapter 822, Texas Health & Safety Code.
  - The Caging Requirements and Standards for the Keeping and Confinement of Dangerous Wild Animals established by the Texas Board of Health.
  - The federal Animal Welfare Act Regulations relating to facilities and operations; animal health and husbandry; and veterinary care for each of the animal species listed in this Application.
- B. This Application must be filed with \_\_\_\_\_.  
[Name of Animal Registration Agency]
- C. A registration fee of \$50 per animal up to a total of \$500 per Applicant must be paid at the time this Application is filed. Payment must be made in cash, cashier's check or money order payable to the order of \_\_\_\_\_.  
[Name of Animal Registration Agency]
- D. All blanks in this Application must be completed. Please type or print legibly.
- E. All required submission items listed in Section V below must be complete and legible and must accompany the filing of this Application.

## II. APPLICANT INFORMATION:

Applicant's Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_ (if different) \_\_\_\_\_  
city county state zip city county state zip  
Tel: \_\_\_\_\_ Emergency Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

If Applicant is other than an individual, please provide the following information:

Check One:     Partnership     Corporation     Trust     Other (explain) \_\_\_\_\_

Designated contact person for above checked organization:    Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
city state zip  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Does the Applicant have a Dealer's or Exhibitor's License issued by the USDA under the federal Animal Welfare Act?     Yes     No  
If yes, check class of license held and provide license number:     Class A     Class B     Class C    License No.: \_\_\_\_\_

Is this application for an original or renewal certificate of registration?     Original     Renewal

Has the Applicant ever had any application for a certificate of registration or renewal denied?     Yes     No  
If yes, give dates and circumstances: \_\_\_\_\_

Has the Applicant ever had a certificate of registration or renewal revoked?     Yes     No  
If yes, give date and circumstances: \_\_\_\_\_

## III. IDENTIFICATION OF ANIMAL(S):

Species (common name)	Sex	Age	Color, Distinguishing Marks, and Other Identifying Features (e.g. ear notch, tattoo, sterilization, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheet if required)

#### IV. FACILITIES AND OPERATIONS:

Location where each animal will be permanently kept:  
(Attach additional sheet if more address information is required)

street address \_\_\_\_\_

city \_\_\_\_\_ county \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Caretaker: \_\_\_\_\_

Attending Veterinarian: \_\_\_\_\_

name

name

street address \_\_\_\_\_

street address \_\_\_\_\_

city \_\_\_\_\_ county \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

city \_\_\_\_\_ county \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Does anyone reside on the premises where an animal is kept?  Yes  No If yes, how many persons? \_\_\_\_\_

Are the facilities open to the public?  Yes  No If yes, describe in detail the type of operation which involves the public, including hours of operation, average number of visitors per day, and any safety or emergency plan: \_\_\_\_\_

(Attach additional sheet if required)

Are you requesting approval of any deviation from the Caging Requirements and Standards established by the Texas Board of Health?  Yes  No If yes, attach additional sheet describing in detail the deviation sought and the reason therefor.

List the name, address and phone number of the nearest medical emergency service agency and law enforcement agency for contact in case of an emergency involving an escape or attack by an animal:

Medical Emergency Service Agency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Law Enforcement Agency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Do you understand that if a Certificate of Registration is issued you must publically display the Certificate at the location where any of the animals are kept and you must also file a copy of the Certificate with the Texas Department of Health in Austin, Texas along with a filing fee of \$20 per animal within 10 days after it is issued and that failure to do so may result in a fine and/or revocation of your certificate?  Yes  No

#### V. REQUIRED SUBMISSION ITEMS:

I have submitted with this application the following items:

1. A non-refundable fee of \$ \_\_\_\_\_.  Yes  No
2. Proof of the required liability insurance (minimum \$100,000) (This must be in the form of an insurance certificate signed by the issuing company or agency and addressed to the appropriate animal registration agency.)  Yes  No
3. Color photo of each animal for which a certificate of registration is sought, taken no earlier than 30 days prior to this application date. (The photo must clearly show the face, eyes, nose, ears and neck of the animal with the animal's name and the photo date written on the back.)  Yes  No
4. A photograph and scaled diagram of the primary enclosure in which each animal is to be kept. (Identify on each photograph and diagram which animal listed above will be kept in the primary enclosure shown.)  Yes  No
5. A scaled diagram of the premises where any animal will be kept showing the location of each primary enclosure; any residence situated on the premises; and the perimeter fencing.  Yes  No
6. If applicable, a copy of the Applicant's Class A or Class B Dealers License or Class C Exhibitors License issued under the federal Animal Welfare Act.  N/A  Yes  No
7. If this application is for a renewal certificate of registration, the required veterinarian certificate certifying that the animal's health and care meets or exceeds the standards prescribed in Subchapter E, Chapter 822 of the Texas Health & Safety Code.  N/A  Yes  No

#### VI. SWORN STATEMENT:

Under penalties of perjury the undersigned certifies: that all information in this Application and in the Required Submission Items is true, complete and correct; that the undersigned has read the material listed in I.A. of the Instructions; and that all facilities used to confine or enclose the animal(s) covered by this Application comply with the Caging Requirements and Standards established by the Texas Board of Health.

\_\_\_\_\_  
Signature of Applicant or Authorized Agent

Subscribed and sworn to before me the undersigned authority this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_.

Date: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public, in and for the State of Texas