Ohio Department of Agriculture
Governor John R. Kasich • Lt. Governor Mary Taylor
Director David T. Daniels

Division of Animal Health
Dangerous Wild Animal Office
8995 East Main Street, Reynoldsburg, OH 43068
Phone: 614-728-6220 • Fax: 614-752-3065
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Application for Wildlife Shelter Permit

☐ New Applicant

Name of Applicant to be licensed: _____
Doing business as: _____
SSN or TIN, as applicable: _____
Type of Organization: ☐ Individual ☐ Partnership ☐ LLC ☐ Corporation ☐ Other (specify) _____
Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____
Holding Facility Address: _____ City: _____ State: _____ Zip: _____ County: _____
(if different than mailing address where animal will be held)
Telephone No.: _____ Fax No.: _____ Cell Phone No. _____ Email: _____
Date of Birth of Applicant, and Date of Incorporation if Entity: _____/_____
State of Incorporation if Entity: _____

*Description of Wild Animals in Applicant's Possession**

1. Scientific Name		Common Name		Given Name	
Sex	Age	Color	Weight	Distinguishing Marks	Microchip ID Number & Frequency

2. Scientific Name		Common Name		Given Name	
Sex	Age	Color	Weight	Distinguishing Marks	Microchip ID Number & Frequency

3. Scientific Name		Common Name		Given Name	
Sex	Age	Color	Weight	Distinguishing Marks	Microchip ID Number & Frequency

*Please use additional sheets if needed.

Check the proof of financial responsibility, listed below, to be adopted by the applicant:

☐ (a) A bond subject to the approval of the Director that covers claims for injury or damage to persons or property caused by the animals listed; or (*Please attach a copy of the Certification of Bond from the providing company*)

☐ (b) Liability Insurance that covers claims for injury or damage to persons or property caused by the animals listed. (*Please attach a copy of the Certification of Insurance from the providing company*)

Any financial responsibility adopted by the applicant must be in the following amounts:
(i) $200,000 per occurrence if applicant possesses 5 or less dangerous wild animals;
(ii) $500,000 per occurrence if applicant possesses 6 – 15 dangerous wild animals;
(iii) $1,000,000per occurrence if applicant possesses 16 or more dangerous wild animals.

FOR OFFICE USE ONLY
DATE RECEIVED STAMP

Has any applicant on this application ever been convicted of a felony, or any crime related to cruelty to animals, escape of dangerous animals, or prohibitions concerning companion animals?

☐ Yes ☐ No

Please provide a signed Background Check Permission & Release Form, applicable fee, and schedule appointment for fingerprints

Check the proof of experience applicant has in the care of each wild animal in applicant's possession, or if applicant will be taking the written examination:

☐ Applicant has two years of experience in the care of each animal listed on this application. Proof of such experience is attached.
Please provide a separate piece of paper identifying all experience, work experience, and education which applicant has in the care of each animal identified on this application

☐ Applicant will be taking the written examination as provided by the ODA for the following animals: _____

_____

Veterinarian: _____ Alternate Veterinarian: _____

Phone No.: _____ Phone No.: _____

Does the applicant have a written plan of action if one of the dangerous wild animals listed escapes, and if so, has the plan of action been submitted to the sheriff of the county where the animals are held, and the chief law enforcement officer and fire chief of the township or municipal corporation where the animals are held?

☐ Yes ☐ No *Please attach a copy of the written plan of action in the event of escape and proof of receipt*

Has the applicant previously registered the above animals with the Ohio Department of Agriculture?

☐ Yes ☐ No

Has the applicant sterilized each male animal?

☐ Yes ☐ No

If the applicant has not sterilized each male animal, is the applicant claiming an exception due to medical necessity as proscribed by the applicant's veterinarian?

☐ Yes ☐ No ☐ Not applicable. *Please provide a copy of the veterinarian's written determination*

Will applicant have any employee(s) working on their behalf?

☐ Yes ☐ No *If yes, please fill out an E-1 form and submit with application*

Does the property where the animals will be held consist of at least one acre?

☐ Yes ☐ No

If the property does not consist of at least one acre, is the applicant claiming an exception due to only having small non-human primates listed in O.R.C. Section 935.01(C)(20)?

☐ Yes ☐ No ☐ Not applicable. *If yes, please provide a written request for a waiver based on this exemption*

Is applicant currently in compliance with the housing and care standards established in the Ohio Administrative Code?

☐ Yes ☐ No *If yes, please attach affidavit that facility is and will continue to be maintained in compliance with the standards. Applicant will be subject to an inspection to confirm*

Does applicant intend to permit the public to have physical contact with the dangerous wild animals?

☐ Yes ☐ No *If no, please attach affidavit attesting that the public will not have contact*

The foregoing statements concerning the possession of dangerous wild animals of applicant are, to the best of my knowledge and belief of the applicant, true and correct. I (we) agree to keep records for the duration of the permit plus one year after permit expiration of a description of the animal and other characteristics as provided above, including the name and address of each person from whom I (we) acquire an animal and to who the animal was disposed or escaped. I (we) also agree to permit the Ohio Department of Agriculture, or any of its authorized agents, to inspect my (our) records at any time pursuant to section 935.15 of the Ohio Revised Code.

Date application made: _____ _____ Signature of the applicant or one authorized to sign	Approved _____ Check # _____ Date of Check _____ Amount of Check _____ Wildlife Permit No. _____

Fees:

For 3 dangerous wild animals or less……	$ 250.00 per annum
For 4 – 10 dangerous wild animals……...	$ 500.00 per annum
For 11 – 15 dangerous wild animals…….	$1,000.00 per annum
For 16 or more dangerous wild animals……...	$1,000.00, plus $125 per additional animal after 15 animals per annum

PAYMENT REQUIRED: TOTAL AMOUNT MUST BE ENCLOSED TO COVER THE FEE ABOVE PAYABLE TO THE OHIO DEPARTMENT OF AGRICULTURE, CHECK OR MONEY ORDER ONLY

Mail completed form to:

Ohio Department of Agriculture
Division of Animal Health
Dangerous Wild Animal Office
8995 East Main Street
Reynoldsburg, Ohio 43068

Background Check Disclosure,
Authorization and Release for Wildlife Shelter Permit

Section I: Disclosure

This form, which you should read carefully, has been provided to you because the Ohio Department of Agriculture's office may request investigative reports on you from various public and private reporting agencies. The Ohio Department of Agriculture's office will use any such report(s) solely for determination of approving a wildlife shelter permit purposes.

Investigative reports may be obtained from a background check vendor and/or public agencies and provided to the Ohio Department of Agriculture's office. The types of information that may be obtained include but are not limited to: Social Security Number verification, criminal records checks, public court records checks, etc. Any such reports are public records under Ohio's public records laws unless specifically exempt from disclosure.

Section II: Authorization and Release

I have carefully read and understand this Disclosure, Authorization and Release form. By my signature below, I consent to the release of investigative reports to the Ohio Department of Agriculture in conjunction with my application for a Wildlife Shelter Permit license. I also authorize disclosure to the Ohio Department of Agriculture and/or the background check vendor of information concerning my criminal history and all other information the Ohio Department of Agriculture deems pertinent by any individual, corporation or other private or public entity, including without limitation to the following: law enforcement agencies; federal, state and local courts; and other applicable sources. I hereby release and hold the vendor and the Ohio Department of Agriculture and its employees and appointees harmless from any and all liability with respect to the investigations, verifications, and/or the use of any information relevant to my permit/license application.

I understand that if I am approved for a permit/license, my consent will apply throughout the term of my permit/license to the extent permitted by law.

This Disclosure, Authorization and Release form, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by the Ohio Department of Agriculture.

I understand that providing any false information or omitting any material information on my application for Wildlife Shelter permit/license may be sufficient grounds for rejection of the application or termination of the permit/license whenever discovered.

Printed Name:_____

Signature: _____

Date Signed:_____