



Renewal Application for Rescue Facility Permit

Name of Applicant Renewing:
Doing business as:
SSN or TIN, as applicable:
Type of Organization:
Mailing Address:
Holding Facility Address:
Telephone No.:
Date of Birth of Applicant, and Date of Incorporation if Entity:

Description of Additions, Transfers, or Losses to Wild Animals in Applicant's Possession since previous application*

Table with 6 columns: Scientific Name, Common Name, Given Name, Sex, Age, Color, Weight, Distinguishing Marks, Microchip ID Number & Frequency

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*Please use additional sheets if needed.

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

Has applicant's veterinarian information changed?

Yes No

If yes, please provide new information below

Veterinarian:
Phone No.:

Alternate Veterinarian:
Phone No.:



Have any events occurred since the last permit application of applicant which have caused a change in the written plan of action on file with ODA?

Yes No

If yes, please attach a copy of the written plan of action in the event of escape and proof of receipt by local law enforcement

Does applicant have any new employee(s) or lost employees from their staff since the last application?

Yes No

If yes, please fill out an E-1 form and submit with application

Does the applicant remain 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

Is applicant tax exempt entity with the IRS?

Yes No

*If yes, please attach proof of tax exempt status.

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 _____ Rescue Facility Permit No. _____
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Fees:

For 3 dangerous wild animals or less.....	\$ 500.00 per annum
For 4 – 15 dangerous wild animals.....	\$1,000.00 per annum
For 16 or more dangerous wild animals.....	\$2,000.00 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**

