



### Renewal Application for Rescue Facility Permit

Name of Applicant Renewing: \_\_\_\_\_  
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: \_\_\_\_\_  
State of Incorporation if Entity: \_\_\_\_\_ Date of Incorporation/Date of Creation if Entity: \_\_\_\_\_

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

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.

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

FOR OFFICE USE ONLY  
DATE RECEIVED STAMP

All information submitted is public information unless a statutory exception exists that exempts it from public release under the Ohio Public Records Act, as defined in section 149.43 of the Ohio Revised Code.



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 and fire 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\*

Does the applicant prohibit physical contact by the public with dangerous wild animals in applicant's possession?

Yes  No \*If yes, 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 _____ 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**

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