



**AFFIDAVIT OF STERILIZATION**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

PERSONALLY appeared before me, the undersigned authority in and for said county and state \_\_\_\_\_ (Affiant), who, having been first duly sworn by the undersigned Notary Public, deposes and says:

1. Affiant is of legal age and is eighteen years or older.
2. Affiant, in making this statement to the Ohio Department of Agriculture, swears and affirms that he/she is certifying that each dangerous wild animal that is possessed by the applicant has been sterilized, unless an exemption applies as provided under Ohio Revised Code Section 935.101 and Ohio Administrative Code Section 901:1-4-16.
3. Affiant further swears and affirms that if the exemption from sterilization applies for one or more of the dangerous wild animal(s) in his or her possession, documentation of the determination by a veterinarian who is qualified to provide veterinary care to the dangerous wild animal that sterilization is medically contraindicated for that animal has been attached to this affidavit.

Affiant swears and affirms that all of the information given in this statement is true to the best of his/her knowledge and belief.

\_\_\_\_\_  
Signature of Applicant for Rescue Facility Permit

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Notary  
Notary Seal

My Commission Expires: