



City of Dallas
APPLICATION FOR INTACT ANIMAL PERMIT
Section 7-4.11 Dallas City Code

New [ ]

Renewal [ ]

Update of Information [ ]

I. INSTRUCTIONS:

This Intact Animal Permit Application will not be accepted unless accompanied by the required \$70 fee; the name of the microchip provider and microchip number for the animal; and proof that the animal is in compliance with or exempt from the vaccination requirements of Section 7-4.1 and the registration requirement of Section 7-4.2 of the Dallas City Code. Also, proof will be required that the owner of the animal is either a member of a purebred dog or cat club (as applicable) approved by the Animal Services Manager or has satisfactorily completed a course on responsible pet ownership approved by the Animal Services Manager. Fees are non-refundable. Permits cannot be transferred.

II. APPLICANT INFORMATION

Applicant's Name: \_\_\_\_\_ Mailing Address\*\* \_\_\_\_\_
Street Address\*: \_\_\_\_\_ (if different) \_\_\_\_\_
City State Zip
Apt or Suite #: \_\_\_\_\_
City State Zip
Tel: \_\_\_\_\_ Second Tel: \_\_\_\_\_
Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*You must give your physical resident address. \*\*If desired, you may list a P.O. Box address for mailing purposes only.

III. IDENTIFICATION AND LOCATION OF ANIMAL

Name: \_\_\_\_\_ Species: [ ] Dog [ ] Cat Gender: [ ] Male [ ] Female
Age: \_\_\_\_\_ Breed: \_\_\_\_\_ If mixed, prominent breed(s): \_\_\_\_\_
Primary Color: \_\_\_\_\_ Second color: \_\_\_\_\_
Microchip Provider: \_\_\_\_\_ Microchip ID No.: \_\_\_\_\_
Dallas Pet Registration No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

PHYSICAL LOCATION (ADDRESS) OF ANIMAL, if different from Applicant's address. SAME [ ]
Street Address: \_\_\_\_\_ Apt Suite #: \_\_\_\_\_
City State Zip

Name: \_\_\_\_\_ Species: [ ] Dog [ ] Cat Gender: [ ] Male [ ] Female
Age: \_\_\_\_\_ Breed: \_\_\_\_\_ If mixed, prominent breed(s): \_\_\_\_\_
Primary Color: \_\_\_\_\_ Second color: \_\_\_\_\_
Microchip Provider: \_\_\_\_\_ Microchip ID No.: \_\_\_\_\_
Dallas Pet Registration No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

PHYSICAL LOCATION (ADDRESS) OF ANIMAL, if different from Applicant's address. SAME [ ]
Street Address: \_\_\_\_\_ Apt Suite #: \_\_\_\_\_
City State Zip

Name: \_\_\_\_\_ Species: [ ] Dog [ ] Cat Gender: [ ] Male [ ] Female
Age: \_\_\_\_\_ Breed: \_\_\_\_\_ If mixed, prominent breed(s): \_\_\_\_\_
Primary Color: \_\_\_\_\_ Second color: \_\_\_\_\_
Microchip Provider: \_\_\_\_\_ Microchip ID No.: \_\_\_\_\_
Dallas Pet Registration No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

PHYSICAL LOCATION (ADDRESS) OF ANIMAL, if different from Applicant's address. SAME [ ]
Street Address: \_\_\_\_\_ Apt Suite #: \_\_\_\_\_
City State Zip

**IV. ACKNOWLEDGMENT AND SIGNATURES**

**I hereby acknowledge that I am familiar with Dallas City Code Section 7-4.11 and I understand the following requirements regarding this permit and the animal covered thereby (check and initial each item):**

- I understand it is my sole responsibility to update any changes in the information provided on this Application, including any change of addresses or telephone contact information, and fully understand that the intact animal permit is not transferable. Initials \_\_\_\_\_
- If the permitted animal is a female it will be allowed to have no more than one litter during the permit term unless approved by the manager of Dallas Animal Services. Initials \_\_\_\_\_
- I cannot sell, adopt or otherwise transfer any offspring of a breeding female before the offspring have reached at least eight weeks of age and have been vaccinated against common diseases. Initials \_\_\_\_\_
- I must prominently display the intact animal permit number on any advertisement for the sale, adoption or other transfer of the intact animal permitted or its offspring. Initials \_\_\_\_\_
- I must include a statement signed by me attesting to my knowledge of the animal's health and immunization history to anyone to whom I sell, adopt or transfer the intact animal permitted or its offspring. Initials \_\_\_\_\_
- I must prominently display the intact animal permit number on any sales receipt or transfer document for the intact animal permitted or its offspring. Initials \_\_\_\_\_
- I must provide the intact animal permit number to any person who purchases, adopts or receives the intact animal permitted or any of its offspring. Initials \_\_\_\_\_
- I must provide written information regarding the vaccination, registration and sterilization requirements of the Dallas City Code applicable to the intact animal permitted or any of its offspring. Initials \_\_\_\_\_
- Within five days after the sale, adoption or transfer of the animal permitted or its offspring, I must provide to the director of animal services the name, address and telephone number of the new owner. Initials \_\_\_\_\_

**I understand that providing false or misleading information on this application may result in a denial or revocation of the intact animal permit without refund of fee. I hereby certify that the information provided in this Application is true, complete and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (M/D/YYYY)

**V. APPROVAL OF APPLICATION AND ISSUANCE OF PERMIT:**

This Application has been approved and Intact Animal Permit No. \_\_\_\_\_ has been issued to the Applicant this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and expires one year from this date.

This Application has been approved and Intact Animal Permit No. \_\_\_\_\_ has been issued to the Applicant this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and expires one year from this date.

This Application has been approved and Intact Animal Permit No. \_\_\_\_\_ has been issued to the Applicant this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and expires one year from this date.

\_\_\_\_\_  
Manager or Authorized Agent

**Please return to:  
Dallas Animal Services  
1818 N. Westmoreland Road  
Dallas, Texas 75219  
214-670-8246**