



CITY OF EL PASO

DEPARTMENT OF ANIMAL SERVICES



5001 Fred Wilson Dr. El Paso, Texas 79906
Ph. (915) 212-7297 Fax (915) 212-0324

APPLICATION: ANIMAL WELFARE ORGANIZATION PERMIT (7.14.090)

Organization Name _____ **Phone:** () _____

Property Address: _____

City/State/Zip: _____

Mailing Address (if different from above): _____

City/State/Zip: _____

Number of animals to be kept per week: _____

Acreage: _____ **Square Footage Area:** _____

Type of Animal (Example: Dogs, Cats, Livestock, etc.)	Type of Enclosure (Example: Cage, pen, stall, In home, dog house, garage, pasture)



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Are you a 501C3 Tax Exempt Organization: Yes () No ()

If the organization is not a tax exempt non-profit corporation, please provide a description of the organizational structure in the space provided below:

What is the length of time it has existed? _____ (years)

How will you find new homes for animals?

How will you train any employees or volunteers?

What are your plans for dealing with animals with behavior problems and medical/health problems? (check all that apply)

Training _____ Animal Behaviorist _____ External Contract _____
Other _____

Type of veterinary care for animals? (check one):

Contracted Veterinarian _____ Contracted Veterinary Clinic _____
On Staff Veterinarian _____ Volunteer Veterinarian _____

Documentation Checklist:

- Zoning Compliance Letter
- Please list Organizational Structure, names/addresses of governing board:
- 501(C)3 Documentation
- Active Rescue Partner Permit
- Good Standing documentation from Texas Comptrollers of Public Account documentation
- Texas Health & Safety Code Section 823.003 (d) shelter inspection report
- Anticipated percentage of work information regarding abandoned/recovered animals

Signature: _____ **Date:** _____
Agency Representative