



Laredo Animal Care Services
 5202 Maher
 Laredo, Tx 78041
 956-625-1860
Cat Colony Permit



CAT COLONY FEE: \$

APPLICANT'S COMPLETE LEGAL NAME: _____
 ADDRESS: _____ ZIP: _____
 TELEPHONE NUMBER: _____ EMAIL: _____
 ADDRESS WHERE ANIMAL(S) WILL BE HOUSED: _____

	Age	Sex M/F/S/N	Species	Breed	Coloring	Name	Rabies Vac. Date	Microchip #
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and correct and that any false statement may result in the denial or future revocation of the animal permit, if approved. I also agree to abide by all Conditions of approval and municipal code requirements if this application disapproved. I further understand that any violation of the Laredo Municipal Code and/or to the Animal Permit conditions of approval shall constitute grounds for the revocation of an approved Animal Permit.

Applicant

Signature: _____ Date: _____

Note: By signing this application, you are certifying that all requirements have been met.

PERMIT FEES

CAT COLONY PERMIT: \$

MUST BE PAID IN FULL. NO REFUNDS ARE PROVIDED

RECOMMENDATION

APPROVED

DENIED

PERMIT NO: _____

Comments: _____

Officer's Signature: _____

FINAL ACTION

Approved by: _____

Effective Date: _____