



**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: EXHIBIT or SHOW PERMIT
(7.04.010, 7.04.020, 7.04.090, 7.14.10, 7.14.60, 7.14.070)**

Event Name: _____ **Phone:** () _____

Event Address: _____

City/State/Zip: _____

Mailing Address (if different from above): _____

City/State/Zip: _____

Owner/Sponsor Name: _____ **Phone:** () _____

Owner/Sponsor Address: _____

City/State/Zip: _____

Event Start Date: _____

Event End Date: _____

Please initial the following declarations:

- _____ I am the sponsor representative for the above activity.

I hereby affirm that I have read and understand Title 7 of the El Paso City Code governing the keeping and exhibiting or showing of animals within the City of El Paso and the requirements that the

- _____ Veterinarian Officer or his designee set.

I authorize the City of El Paso and/or his designee to inspect the property at any reasonable hour and establish requirements, restrictions or limitations concerning the keeping and displaying of animals in

- _____ compliance with Title 7 of the El Paso City Code.

Applicant Signature: _____ **Date:** _____

