

Breeder Signature:

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: BREEDER'S PERMIT (7.14.080)

Name of Breeder:			Phor	ne: ()	
Property Address:					
City/State/Zip:					
Mailing Address (if di	fferent from above)	:			
City/State/Zip:					
Second Contact:			Phor	ne: ()	
Property Address:					
City/State/Zip:					
Site Information:	Acreage		Square Foot	age	
Number of animals to	be kept				
Kinds of enclosures:	Stall	Cage	Pen	Kennel	_
	Dog House	Garage	Other		_
	t breed a qualified a	*		nimals for search and es, outside the age para	
	•	reed club or registry s	- C	es, outside the age para	inicicis
	o provide copies of 0 4.080 at the request		g compliance with	the requirements of th	is section
where th	•	lives, has ever been o		who resides at the prem n deferred adjudication	
	rovide evidence that sions of this title.	t all animals in the po	ossession of the app	licant are in complian	ce with
• I am of 1	8 years of age old o	or older.			

Date:



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Dog or Cat	Breed	Registry Type (A.K.C.)	Registry#	City Registration	Microchip#