

# INTACT DOG PERMIT APPLICATION

**-You must provide the below items with the application before it is considered complete-**

**Proof of current vaccinations**

Rabies  
Distemper  
Parvovirus

**Other requirements:**

Proof of Microchip  
Orleans Parish Rabies Tag Number  
Current photo of dog  
Copy of owner's I.D.

**Fees**

\$95 initial application fee  
\$20 annual permit renewal fee  
\$10 late fee, per day  
\$100 additional late fee after 15 days

**Owner Information:**

**-All application fees are non-refundable-**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
First Last Most common used number

Address: \_\_\_\_\_  
Street Address, City Zip Code

Alternate owner: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
First / Last Most common used number

**Animal Information:**

NAME: \_\_\_\_\_

Primary Breed: \_\_\_\_\_ Secondary Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Primary Color: \_\_\_\_\_ Secondary Color: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Size: \_\_\_\_\_ Ears: \_\_\_\_\_ Tail: \_\_\_\_\_ Sex: Male / Female  
Small/ Med/ Large/ XL Crop/ Folded/ Erect/ Semi Dock/ Long/ Curl Circle

**Vaccination / Veterinarian Information:**

Veterinarian: \_\_\_\_\_ Phone number: (\_\_\_\_) \_\_\_\_\_  
Vet that provided most current vaccinations

Microchip Number: \_\_\_\_\_ Chip Type: \_\_\_\_\_

**For Office Use Only:**

Rabies: \_\_\_\_\_ Exp: \_\_\_\_\_

Employee receiving application: \_\_\_\_\_ Date: \_\_\_\_\_

Chapter 18 Violations review completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Application: APPROVED:  DENIED:  Permit #: \_\_\_\_\_

Days late: \_\_\_\_\_ X \$10.00 each day = TOTAL: \_\_\_\_\_ + Permit Fee: \_\_\_\_\_

TOTAL PERMIT FEE PAID: \$ \_\_\_\_\_ Method of Payment: \_\_\_\_\_

DATE PERMIT ISSUED: \_\_\_\_\_ DATE PERMIT EXPIRES: \_\_\_\_\_