

City of Palo Alto Police Department – Animal Control Division

3281 E. Bayshore Rd, Palo Alto, CA 94303 Office: 650-496-5960 24-Hour Dispatch: 650-329-2413 animalcontrol@paloalto.gov

Animal Control Permit Application

Please complete all applicable areas of this application and include your signature on the "Affidavit of Applicant" section. Return the completed form to an Animal Control Officer in person, by mail, or email.

Applicant Name:		Date:
Business Name:		Phone:
Address:		
City:		
Oriver License #:		State: DOB:
Payment can be accepted	via credit card/Apple Pay	Municipal Fee Schedule. All fees payable to "The City of Palo Alto c/check to an Animal Control Officer or at Revenue Collections, 25 7. (OFFICE USE ONLY: 70070005-14990)
Livestock (\$80)	☐ Pet Show (\$80)	☐ Boarding Kennel/Stable (\$384) ☐ Pet Shop (\$384)
☐Grooming Facility (\$384)	☐Breeding (\$384)	☐Petting Zoo/Pony (\$219) ☐ Dangerous Animal (\$432)
City of Los Altos ONLY:	☐Potentially Danger	ous Animal (\$181.63)
For Livestock, Danger Please list each animal type	separately. Use additional	
		Sex: Age: Confinement:
		Sex: Age: Confinement:
		Sex: Age: Confinement:
Species:	_ Description:	Sex: Age: Confinement:
Species:	Description:	Sex: Age: Confinement:
Species:	Description:	Sex: Age: Confinement:
coop/run is required and wi to have more than six anima	Il need to be re-obtained e	ermits, written permission from each neighbor less than 25 feet from very five years. Unanimous neighbor consent is required if you intend om the property's resident regardless of property ownership. Please closures are located. Use extra pages if necessary.
Name:	Address:	
Name:	Address:	
Name:	Address:	
		and Boarding Kennel Only:
Cage and kennel <u>maximum</u> nouse the animal(s).	capacity. Please list each	species of animal you intend to care for and the facilities you have to
Date of event:	Species housed:	
Maximum # housed:	Manner of confinement: (Cage, kennel, stall)	Number of cages: Total Sq. Ft (Kennels, stalls, etc.)

ALL PERMIT TYPES: materials of construction: Describe the materials used for animal housing or cages, floor	
Cleaning Schedule/Process:	
Please Note: Inspections are at	the discretion of Animal Control.
Permit fees are due annua	lly and are not transferable.
*If the event is either City-sponsored or City co-sponsored, you approval prior to application submission and processing:	ur City Department contact must provide a signature of pre-
Name (print):	Title:
Signature:	Date:
I have read, understand, and agree to abide by the rules and the Palo Alto Municipal Code or the Los Altos Municipal Code and regulations established by City Council and/or the City Mother requirements of the City, County, State, Federal Governuse of the virtue of this use permit. I agree to pay all such pospayment of such taxes. I further agree that the payment of an pursuant to this use permit. I agree to abide by these rules, a	ay be needlessly dispatched, and approvals of your future be refunded. ation is true and correct to the best of my knowledge and belief regulations governing the keeping and care of animals under e. I understand that this application is made subject to the rules anager or their designee. Permittee agrees to comply with all nment, and any other applicable entity, which may pertain to the seessory interest taxes and the City shall not be liable for the by such taxes shall not reduce any consideration paid to the Cit and further certify that I, or on behalf of the organization, I am ree to be financially responsible for any cost and fees that may to.
Name of Applicant (FRINT).	
Signature of Applicant:	Date:
ACO Signature & Badge Number:	Approved Denied
Have you attached the following? Diagram or printout of your property inclu Letter(s) of approval from adjacent neighl Copy of Certificate of Liability Insurance p Payment	, , ,

Municipal Code References:
Palo Alto: §4.59 Pet Shops, §6.20 Care and Keeping of Animals, §6.28 Dangerous Animals; Los Altos: §5.16