

Department of Public Health

Dottie-Kay Bowersox, MSA
Public Health Administrator

730 Washington Avenue
Racine, Wisconsin 53403
262-636-9201
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Website: www.cityofracine.org/Health
Email: publichealth@cityofracine.org

Environmental Health Division
262-636-9203
Community Health Division
262-636-9431
Laboratory Division
262-636-9571

APPLICATION FOR OWNERSHIP PERMIT OF CERTAIN RESTRICTED ANIMALS

Please fill out all fields and submit with payment to City of Racine Public Health Department 730 Washington Ave., Room #1, Racine, WI 53403

Make checks payable to "City of Racine."

To pay by credit card, fill out card information on page 3 of application (**Fees apply**).
\$55 non-refundable fee (includes \$30 application fee and \$25 inspection fee).

Name:	Date of Birth:
Address:	Phone Number:
Type of Animal (reptile, etc):	Size:
Description of housing including dimensions (including depth if applicable):	Method of Temperature Control (if needed):
Schedule for disposal of animal waste:	Method of waste disposal:
Food storage system for non-live feed:	
Applicant agrees to seek qualified veterinary care as needed. Provide the name and contact information for the consulting veterinarian:	
Visitation schedule for consulting vet (as needed):	
Plan of action protocol if animal would escape	

The above named applicant agrees to the following conditions for a special permit for keeping certain animals:

1. The applicant understands that all other relevant components of the City of Racine Ordinance 10-42 apply to the holder of this permit. In the event that care is deemed to be insufficient by the Health Department or its designee, the forfeitures and other penalties associated with the care, control and hygiene of licensable animals will be enforced.
2. The applicant is 18 years of age or older.
3. Applicants will provide Environmental Health Division with copies of any required applicable state or federal permits.
4. Permit is only valid for the animal and address specifically listed on this application. It is not transferable to another animal or person.
5. Applicant will notify the Health Department of any change of address or location of animal.
6. Application must be submitted before a snake reaches 10 ft. in length.
7. It is understood that the applicant shall pay all expenses incurred in case of escape of the animal.

Signature of Applicant

Date

Signature of Environmental Health Director

Date

Inspection date by sanitarian:

Signature of Public Health Administrator

Date

Credit card information: Credit card fee of 3.95% (minimum of \$1.50) applies

CREDIT CARD PAYMENT (MC OR VISA)	EXP DATE
ZIP CODE CARD IS BILLED TO	CVV CODE (ON BACK OF CARD)
NAME ON THE CARD	