

DEPARTMENT OF ANIMAL CARE AND CONTROL
3020 HILLEGAS ROAD
FORT WAYNE, IN 46808
(260)427-1244 FAX (260)427-5514



APPLICATION FOR PROPOSED ANIMAL EVENT

Application Date _____/_____/_____

Applicant's Name _____

Address _____

Phone Number _____

Organization Name _____

Address _____

Phone Number _____

Animal Event Information:

Date(s) scheduled _____/_____/_____ to _____/_____/_____

Time(s) _____

Event Location _____

Description _____

Species of animal(s) involved _____

Estimated number of animals _____

Note: Please attach any event flyers, brochures, etc.

THIS EVENT PERMIT DOES NOT NEGATE ANY ANIMAL RELATED CITY ORDINANCES

For Department use only:

_____ Event Approved

_____ Event Disapproved

Department of Animal Care and Control

_____/_____/_____
Date