

**Department of Public Health**

Dottie-Kay Bowersox, MSA  
Public Health Administrator

730 Washington Avenue  
Racine, Wisconsin 53403  
262-636-9201  
262-636-9165 FAX



Website: [www.cityofracine.org/Health](http://www.cityofracine.org/Health)  
Email: [publichealth@cityofracine.org](mailto:publichealth@cityofracine.org)

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

## APPLICATION FOR SPECIAL PERMIT FOR KEEPING OF CERTAIN ANIMALS - INDIVIDUAL OWNERSHIP PERMIT

Pursuant to Municipal Code Chapter 10

Return application with payment to the City of Racine Department of Customer Service

730 Washington Ave, Room 103, Racine, WI 53403 – Make checks payable to "CITY OF RACINE"

|  |                       |
|--|-----------------------|
| OWNER'S FULL NAME  |                       |
| MAILING ADDRESS  | CITY, STATE, ZIP CODE |
| PHONE NUMBER   | EMAIL ADDRESS         |
| ANIMAL'S NAME  |                       |
| ANIMAL TYPE (REPTILE, MAMMAL, BIRD, ETC.)  | SIZE/WEIGHT           |
| DRAWING OF ANIMAL CONTAINMENT AND DIMENSIONS <i>(Use separate sheet if needed)</i> |                       |
| WASTE DISPOSAL PROCEDURES <i>(Use separate sheet if needed)</i>                    |                       |
| FOOD STORAGE <i>(Use separate sheet if needed)</i>                                 |                       |
| NAME AND CONTACT INFORMATION FOR CONSULTING VETERINARIAN                           |                       |
| PROTOCOL IF ANIMAL SHOULD ESCAPE <i>(Use separate sheet if needed)</i>             |                       |

|                            |          |
|----------------------------|----------|
| Permit Fee                 | \$ _____ |
| Other Fees (if applicable) | \$ _____ |
| <b>Total Paid</b> \$ _____ |          |