Permit Application
FOR GIVING PETS AWAY ON CITY PROPERTY OR AT A PLACE OF BUSINESS
WITHIN THE CITY OF REXBURG

Date of Application: _____

Name of Pet Owner: _____

Address of Pet Owner: _____

Phone Number of Pet Owner: _____

Description of Pet(s) to be Given Away: _____

Age of Pets: _____

Vaccinations Provided to these Pets: _____

Have These Pets been Spayed or Neutered: Yes No

What is the Date of the Proposed Pet Give-Away: _____

What Location Do You Intend to Use for This Pet Give Away: _____

If Place of Business, Does Management Concur With This: Yes No

If Yes, Please Have Manager or his Representative Sign and Date:

Signature of Manager: _____

Date Signed: _____

APPLICATION: DENIED APPROVED

Officer's Signature: _____

Date of Determination: _____