

DEPARTMENT OF NATURAL RESOURCES DIVISION OF FISH AND WILDLIFE

402 W. Washington Street, Room W273 Indianapolis, IN 46204-2781 Telephone: (317) 233-6527 Fax: (317) 232-8150

INSTRUCTIONS:

- 1. Please type or print information. Attach additional sheets for explanation, if necessary.
- 2. Be sure to read all regulations (312 IAC 9-11).
- 3. Only one (1) animal can be listed per application form. The animal must be acquired legally.
- 4. Mail form and permit fee (if applicable) to the above address.

☐ New Applicant (FEE: \$10.00 – <i>Make check or mon</i>	ey order payable to the Div	vision of Fish & Wildlife)		
Renewal (No fee, if received within 1 month of expiration date)				
Original permit number (For Renewals)	Expiration	Expiration date (For Renewals)		
Name of applicant (last name, first name, middle initial	<i>)</i>			
Date of birth (month, day, year) E-mail address				
Address (number and street or rural route, no PO boxe	es)			
City	State	ZIP code		
County	Tele	Telephone number ()		
Species of animal	Check all that	Check all that apply: ☐ Male ☐ Female ☐ Neutered ☐ Spayed		
If the animal is at another location, please complete th	e following:			
Address (number and street)				
City	ZIP code	County		
How the animal will be or has been obtained: Purchal If the animal was obtained from a person/business, plan Name of individual or business Address (number and street, city, state, and ZIP con When you intend to acquire this animal or when you are Purpose for keeping above mentioned animal	ease provide the following ode) cquired it if already in poss	eession (month, year)		
NEW APP	LICANTS MAY SKIP THIS	S SECTION.		
For Renewals: This sec	tion must be completed l	by a licensed veterinarian.		
application form appears to be free of disease and in g prior year or more frequently if necessary to provide ad- not the facility) and the animal appears to have been p	good health. I further verify equate veterinary care (free properly cared for with nutri	n in the State of Indiana, verify that the animal listed on this y that the animal was observed at least once during the quency of the visits determined by attending veterinarian, ition and diet. Date (month, day, year)		
Comments (use additional sheets if necessary):				
	ame of business Telephone number ()			
Address of business (number and street, city, state, ar				

RECAPTURE PLAN

Every application must provide a recapture plan. This must include a plan for the quick and safe recapture of the wild animal if the animal escapes or, if recapture is impracticable, for the destruction of the animal. You must obtain the equipment needed to carry out the recapture and destruction plan. The nature and extent of the recapture plan and the equipment needed are dependent on the danger the escaped animal poses to persons, domestic animals, livestock, and other wildlife in the vicinity of the escape.

1. Please list the names	and phone numbers of pe	eople who will be notified if the animal	escapes (police, neighbors, etc.):	
	Contact		Telephone Number	
Name:				
2. Please list the name(s	s) of people who will atterr <u>Name</u>	npt to recapture the animal:	<u>Telephone Number</u>	
and, if impracticable, provequipment on hand that w	vide for the destruction of will not only provide for the	the animal. For Class III wild animals	sess that will be used to recapture the animal (tigers, cougars, bears, etc.), you must have hal, but also equipment that can be used to kill	
		AGREEMENT		
Under the penalties of pe knowledge.	rjury (IC 35-44-2-1), I cert	tify that the information supplied by me	e is true and correct to the best of my	
Signature of Applicant _		Date (month, day, year)		
Ple		orm and check or money order (if a n of Fish and Wildlife to the followin	• • • •	
	40.	Permit Coordinator Division of Fish and Wildlife 2 W. Washington Street, Room W273 Indianapolis, IN 46204		
		FOR OFFICE USE ONLY		
Issue date:	Expiration date:	Permit number:	Check number:	
Approved by:		Approval date: Comr	ments:	