



**CITY OF EL PASO
DEPARTMENT OF ANIMAL SERVICES**



5001 Fred Wilson Dr. El Paso, Texas 79906
Ph. (915) 212-7297 Fax (915) 212-0324

**APPLICATION: ANIMAL LITTER PERMIT
(7.24.050)**

Owner Name: _____ **Phone:** () _____

Owner Address: _____

City/State/Zip: _____

Information on Animal having litter:

Pets Name: _____

Predominant Breed: _____ **Age:** _____ (months)

Color(s): _____

Microchip# _____

Registration Tag#: _____

Litter Size: _____ **Litter DOB:** _____

Please initial the following declarations:

- _____ I understand Title 7 of the El Paso City Code, governing the animal litter permit within the City of El Paso.
- _____ I authorize the City of El Paso and/or his designee to inspect the property at any reasonable hour and establish requirements, restrictions or limitations.
- _____ I understand that I am limited to one litter per year for each breeding female dog or cat I own.

Applicant Signature: _____ **Date:** _____