



Township of Essa
SUPPLEMENTAL EXOTIC ANIMAL APPLICATION FORM

Owner Information

Name _____
 Physical Address _____
 Telephone: () _____ Work: () _____ Cell: () _____
 Email: _____
 Alternate Contact in case of Emergency _____ Name: _____
 Contact Number: _____

Animal Information

Name of Animal _____
 Breed of Animal _____
 Age _____ Sex: Male Female
 Physical Description _____
Including size, color, markings, etc.
 Is the animal altered? Spayed Neutered
 Microchip # _____
 Disposition _____
 Location of enclosure on property _____
 Other pertinent information _____

Animal Information

Name of Animal _____
 Breed of Animal _____
 Age _____ Sex: Male Female
 Physical Description _____
Including size, color, markings, etc.
 Is the animal altered? Spayed Neutered
 Microchip # _____
 Disposition _____
 Location of enclosure on property _____
 Other pertinent information _____

Copy of Zoo affiliation and/or certification attached: Yes No

Certificate of Insurance for a minimum of \$3 million dollars showing the Township as additionally insured attached: Yes No

I, _____, of the _____ of _____, do hereby confirm that I am aware of and accept the conditions set out with respect to the issuance of this license and agree to the terms of the license and of By-law 2011-20, of the Township of Essa, concerning the business licensed herewith. I further hereby indemnify and save harmless the Township of Essa, its Committees and employees, for any and all claims arising out of the business activity authorized by this license.

Dated this _____ day of _____, _____.

 Signature of Owner

 Issuer of Licenses

 Signature of Owner