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 _____

(Please attach separate pages for Animal Information for each additional animal, if required.)

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

Copy of Ministry of Natural Resources License to Keep Specially Protected and Game Wildlife in a Zoo: ☐ Yes ☐ No

Certificate of Insurance for a minimum of $2 million dollars showing the Township as additionally insured attached: ☐ Yes ☐ No

I, _____, of the _____ of _____, do herby 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