



# APPLICATION FOR WILDLIFE REHABILITATOR

CITY OF PLANO ANIMAL SERVICES  
PO BOX 860358  
PLANO, TX 75086-0358  
PHONE: (972) 769-4360 FAX (972) 769-4359

**FULLY COMPLETED APPLICATION MUST ACCOMPANY PAYMENT FOR PERMIT TO BE ISSUED.**

NEW PERMIT: \_\_\_\_\_ RENEWAL PERMIT: \_\_\_\_\_ ANNUAL PERMIT FEE: \$0.00 DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX NO.: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

ANIMAL SPECIES HANDLED: \_\_\_\_\_

PERMIT HOLDER NAME (IF DIFFERENT THAN APPLICANT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX NO.: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

STATE PERMIT NUMBER: \_\_\_\_\_ FEDERAL PERMIT NUMBER: \_\_\_\_\_

**FAILURE TO FOLLOW ALL GUIDELINES IN CHAPTER 4 – “ANIMALS” OF PLANO’S CODE OF ORDINANCES  
OR EXPIRATION OF ANIMAL REHABILITATOR PERMIT SUBJECTS PERMITTEE TO CITATIONS AND/OR  
PERMIT REVOCATION.**

APPLICANT’S SIGNATURE: \_\_\_\_\_

**THIS PORTION TO BE COMPLETED BY ANIMAL SERVICES**

PERMIT NO.: \_\_\_\_\_ PAYMENT DATE: \_\_\_\_\_ FEE: \_\_\_\_\_

RECEIPT NO.: \_\_\_\_\_ PAYMENT TYPE: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_ INSPECTION DATE: \_\_\_\_\_

ANIMAL SERVICES SIGNATURE: \_\_\_\_\_