

**Department of Public Health**

Dottie-Kay Bowersox, MSA  
Public Health Administrator

730 Washington Avenue  
Racine, Wisconsin 53403  
262-636-9201  
262-636-9165 FAX



Website: [www.cityofracine.org/Health](http://www.cityofracine.org/Health)  
Email: [publichealth@cityofracine.org](mailto:publichealth@cityofracine.org)

**Environmental Health Division**  
262-636-9203  
**Community Health Division**  
262-636-9431  
**Laboratory Division**  
262-636-9571

**APPLICATION FOR RESTRICTED ANIMAL PERMIT**

Pursuant to Municipal Code Chapter 10

PRINT CLEARLY AND ANSWER ALL QUESTIONS

Return Application with Payment to the City of Racine Department of Customer Service  
730 Washington Ave, Room 103, Racine, WI 53403 – Make Checks Payable to "CITY OF RACINE"

OWNER'S FULL NAME:	
MAILING ADDRESS	CITY, STATE, ZIP CODE
PHONE NUMBER	EMAIL ADDRESS
ANIMAL'S NAME:	
ANIMAL TYPE (REPTILE, MAMMAL, BIRD, ETC):	SIZE/WEIGHT:
DRAWING OF ANIMAL CONTAINMENT AND DIMENSIONS: <i>(Use separate sheet if needed)</i>	
WASTE DISPOSAL PROCEDURES: <i>(Use separate sheet if needed)</i>	
FOOD STORAGE: <i>(Use separate sheet if needed)</i>	
NAME AND CONTACT INFORMATION FOR CONSULTING VETERINARIAN:	
PROTOCOL IF ANIMAL SHOULD ESCAPE: <i>(Use separate sheet if needed)</i>	

Restricted Animal Permit Fee	
Type	Fee
Restricted Animal Permit <i>(Includes \$30 application fee and \$25 inspection fee)</i>	\$55.00