

**Prohibited Animal Permit Request**

Pursuant to D.C. Official code 8-1808(j) (1) all animals are prohibited in the District except "domestic dogs (excluding hybrids with wolves, coyotes, or jackals), domestic cats (excluding hybrids with ocelots or margays), domesticated rodents and rabbits, captive-bred species of common cage birds, non-venomous snakes, fish, and turtles, traditionally kept in the home for pleasure rather than for commercial purposes, ferrets and racing pigeons (when kept in compliance with permit requirements)." Federally licensed animal exhibitors are exempt from the prohibition but the Department of Health retains the authority to restrict the movement of any prohibited animal and place conditions on those movements. Under D.C. Official Code 8-1808(m) "A person shall not display, exhibit, or otherwise move animals in the District as part of a circus, carnival, or other special performance or event, without first obtaining a permit, issued by the Mayor, that governs the care and management of the animals."

Date of Application: \_\_\_\_\_

Name of Exhibitor/Organization: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Telephone: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Exhibit: ☐ Petting Zoo ☐ Film/TV ☐ Educational ☐ Parade ☐ Circus ☐ Other

Other (specify): \_\_\_\_\_

Animal Supplier Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Supplier Address: \_\_\_\_\_

----- **Location Information** -----

Location/Site Name: \_\_\_\_\_

Address of Exhibit Site: \_\_\_\_\_

Location of Staging (if applicable): \_\_\_\_\_

Contact Person On-Site: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Alt. Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

----- **Event Information** -----

Arrival Date into D.C.: \_\_\_\_\_ Departure Date from D.C.: \_\_\_\_\_

Date(s) &amp; Time (s) of Event: \_\_\_\_\_

Animal Overnight Lodging Location (if applicable): \_\_\_\_\_

Mode of Transportation for Animals: \_\_\_\_\_

Describe methods of sanitary &amp; waste control plan:

**Prohibited Animal Permit Request cont.**

----- **Animal Information** -----

Examining Veterinarian Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Examining Veterinarian Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Please describe the animal(s) specie(s), and sex as well as how each animal will be housed on site during the event. All animals listed below must be on the health certificate. Please reprint this page if you need more space to list the animals involved.

**I agree to the terms and conditions for exhibiting animals as specified by the District of Columbia: Health. I further agree not to hold the District of Columbia responsible for any personal injury of property damage alleged to have been caused by the granting of permission for this exhibit.**

\_\_\_\_\_  
**Signature**

For DC Health: ASP use only:  
Comments:

☐ Approved ☐ Denied ☐ Incomplete

\_\_\_\_\_  
DOH Employee Signature

\_\_\_\_\_  
Date