Office use only

Date Inspected: _____

Inspected By: _____

Approved ☐ Denied ☐

Great Falls Animal Shelter
1010 25th Ave NE
Great Falls, MT 59404
406-454-2276-Office 406-454-2292-Fax
gfanimalshelter@greatfallsmt.net

Office use only

PERMIT#_____

MAP Exp: _____

Master List # _____

License ID # _____

INSPECTION FOR A HOBBY BREEDERS PERMIT

NAME(S) _____

ADDRESS _____

PHONE NUMBER_____

HOME OWNER ☐ RENT ☐

LANDLORD INFORMATION (IF RENTING/LEASING):

NAME: _____ PHONE: _____

NUMBER OF DOGS_____NUMBER OF BREEDING PAIRS_____

NUMBER OF CATS_____NUMBER OF BREEDING PAIRS_____

SIGNATURE (applicant) _____DATE_____

SIGNATURE (co-applicant) _____DATE_____

CITY OF GREAT FALLS
HOBBY BREEDERS PERMIT APPLICATION

Applicant Full Name: _____ DOB: _____

Address: _____

ID # _____ Phone: _____ Alt #: _____

Applicant Occupation: _____ Employer: _____

Co-applicant Name: _____ DOB: _____

Address (if different from applicant) _____

ID # _____ Phone: _____ Alt # _____

Co-applicant Occupation: _____ Employer: _____

REFERENCES

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Veterinarian Information

Veterinarian Name: _____ Phone #: _____

Veterinarian Name: _____ Phone#: _____

Veterinarian Name: _____ Phone#: _____

ANIMALS APPLYING FOR:

Name: _____ Breed: _____ Age: ____ Sex (circle): M-NM-F-SF
Microchip #_____ Rabies Exp Date: _____ City Lic # _____ CL Exp: _____

Name: _____ Breed: _____ Age: ____ Sex (circle): M-NM-F-SF
Microchip #_____ Rabies Exp Date: _____ City Lic # _____ CL Exp: _____

Name: _____ Breed: _____ Age: ____ Sex (circle): M-NM-F-SF
Microchip #_____ Rabies Exp Date: _____ City Lic # _____ CL Exp: _____

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Microchip #_____ Rabies Exp Date: _____ City Lic # _____ CL Exp: _____

Name: _____ Breed: _____ Age: ____ Sex (circle): M-NM-F-SF
Microchip #_____ Rabies Exp: _____ City Lic # _____ CL Exp: _____

Do not fill out this page. For ACO use only:

HOBBY BREEDERS INSPECTION FORM

PREMISES MUST PASS MINIMUM STANDARDS AS SET BY THE CITY ORDINANCES IN ORDER TO AVOID POSSIBLE CRIMINAL CHARGES BEING FILED AND LOSS OF PERMIT PRIVILEGES

INSPECTION

Type(s) of confinement: _____

_____

General health and appearance of animals: _____

All applicable vaccinations current: _____

City license current: _____

Secure fenced yard: _____

If indoor/outdoor cats, how are they controlled: _____

Area cleanliness: _____

Adequate shelter provided: _____

Adequate food and water supply: _____

Does owner have any complaints or violations of City Ordinances pertaining to animals: ___

If yes, explanation and date of complaint/violation: _____

_____

Have any previously mentioned animals ever bitten or displayed aggressive behavior: _____

If yes, explanation and date of incident: _____

_____

LANDLORD INQUIRY

Length of lease agreement: _____

How long resided: _____

Number of animals allowed per lease agreement: _____

Species restrictions: _____

If yes, list restrictions: _____

Breed restrictions: _____

If yes, list restrictions: _____

Size restrictions: _____

If yes, list restrictions: _____

Pet deposit required: _____

If yes, date paid: _____

Reason for denied application:

_____

_____

_____

_____

_____

ACO SIGNATURE_____