

## **Multiple Animal Permit Application Instruction**

- 1) **Complete All Sections:** Ensure that every section of the application form is fully completed. Incomplete applications may lead to processing delays or denial.
- 2) **Applicant Information:** Both the primary applicant and co-applicant (if applicable) must provide all required information and signatures.
  - a) A co-applicant for a multiple animal permit is any adult (18 years of age or older) who resides at the same address as the primary applicant and can claim ownership or responsibility for the animals listed on the application.
- 3) **Animal Information:** List all cats and dogs residing in the home. Each animal must have a current city license and up-to-date rabies vaccination. Microchips are not required.
- 4) **Review City Ordinances:** You must review and understand the City of Great Falls Ordinances regarding animal ownership and multiple animal permits. By signing the application, you acknowledge that you have read and agree to abide by these ordinances.
  - a) Scan QR code to access and review current animal ordinances:



- 5) **Inspection Scheduling:** Once the application is submitted, Animal Control Officers (ACOs) from the Great Falls Police Department will contact you to schedule a home inspection.
  - a) **Inspection Details:** The inspection will include (but is not limited to) the general health and appearance of the animals, verification of adequate shelter, food, and water, and may involve input from your neighbors.
- 6) **Post-Inspection Process:**
  - a) The ACO will recommend either approval or denial of the permit based on their findings.
  - b) If approved, you will have 14 days from the inspection date to contact the City of Great Falls Animal Shelter to pay for your 2-year permit.
- 7) **Payment:** The permit fee must be paid before your application is fully compliant with the city ordinance. The permit is not valid until payment has been received. Payment can be made:
  - a) In person
  - b) Via phone
  - c) Online Payment Portal

### **Required Documentation:**

You must submit proof of current rabies certification for all animals from your veterinarian and ensure that all animals have a current city license. Applications submitted without all required documentation will be denied.



PO Box 5021, Great Falls, MT 59403  
Phone : 406-454-2276  
Email: gfanimalshelter@greatfallsmt.net  
Website: greatfallsmt.net/animalshelter

## **Multiple Animal Permit Application**

### **Applicant Information**

Full Name (print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Homeowner       Rent/Lease (complete landlord information below)

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Co-applicant Information (if applicable)**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Emergency Contact Information**

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Veterinary Information**

Clinic Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_



**Animal Information**

1. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_  
Gender: Male Female Spayed/Neutered: Yes No Microchip # \_\_\_\_\_

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2. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_  
Gender: Male Female Spayed/Neutered: Yes No Microchip # \_\_\_\_\_

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3. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_  
Gender: Male Female Spayed/Neutered: Yes No Microchip # \_\_\_\_\_

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4. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_  
Gender: Male Female Spayed/Neutered: Yes No Microchip # \_\_\_\_\_

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5. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_  
Gender: Male Female Spayed/Neutered: Yes No Microchip # \_\_\_\_\_

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6. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_  
Gender: Male Female Spayed/Neutered: Yes No Microchip # \_\_\_\_\_

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7. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_  
Gender: Male Female Spayed/Neutered: Yes No Microchip # \_\_\_\_\_

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8. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_  
Gender: Male Female Spayed/Neutered: Yes No Microchip # \_\_\_\_\_

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9. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_  
Gender: Male Female Spayed/Neutered: Yes No Microchip # \_\_\_\_\_

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10. Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_  
Gender: Male Female Spayed/Neutered: Yes No Microchip # \_\_\_\_\_

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## **Acknowledgment of City Ordinance and Permit Requirements**

By signing below, I/we affirm:

- I/we have read The City of Great Falls Animal Ordinances regarding animal ownership and the Multiple Animal Permit
- I/we understand the requirements and conditions outlined in the city ordinance for obtaining and maintaining a Multiple Animal Permit.
- I/we understand that Animal Control Officers will inspect my/our property, speak with my neighbors, and verify home ownership/landlord approval to ensure compliance with the conditions set forth in the Ordinance.
- I/we understand that failing to meet the permit requirements may result in the revocation of the permit and potential penalties as outlined in the Ordinance.
- I/we acknowledge that I/we must notify the City of Great Falls Animal Shelter of any change of address within 30 days if I/we move within the city limits.
- I/we acknowledge that this permit is limited to the animals listed on this application
- I/we acknowledge that permit denial or revocation may be appealed according to the city's outlined procedures.

### **Certification**

I hereby certify that, to the best of my knowledge, the provided information is true and accurate.

Signature of Primary Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_