Greenville Police Animal Protective Services

500 South Greene Street, Greenville, NC 27858
252-329-4388

Application for Circus/Exhibition Shows

Date of Application: _____/_____/_____

Full Name of Applicant: _____

Applicant's Birthdate: _____/_____/_____ Phone Number: (____) _____-_____
Work: (____) _____-_____

Address:_____
_____

Is this your first animal permit: Yes _____ No _____ If no, Please explain:
_____
_____

Location in which animal/s is to be kept:
_____
_____
_____

Person responsible for animal/s: (Name, address, and phone number):
_____
_____

Special precautions being taken:
_____
_____
_____

Type of animal/s:
_____
_____
_____

Source animal/s was obtained from:
_____
_____When?_____

The period for which permit is requested: Temporary:____ 1-year ____ Other:____

If temporary, dates requested: From _____20_____To_____20_____

Current age of animal/s:_____ Current weight of animal/s:_____

Purpose for which animal/s is being kept_____
_____

Do you possess any state or federal permits for the animal/s ? Yes _____ No _____

If yes, explain: _____

Describe the animal/s to include color, any special markings or any unique characteristics:
_____
_____

Date of last visit to veterinarian:_____/_____/_____/_____
(Attach separate sheets for this category if necessary)

Immunizations or veterinary certifications:_____
_____
(Attach separate sheets for this category if necessary)

Has the animal/s bitten or injured any person? Yes_____ No _____ if yes, explain:
_____
_____

Has the animal/s bitten or injured any other animal/s? Yes_____ No _____ if yes, explain
_____
_____

Are there children in your household? Yes _____ No _____ if yes, give ages:
_____
_____
_____

Do you have liability insurance covering the animal/s? Yes_____ No _____ If yes, explain:
_____

Owner of animal/s: (Name, Address, Phone):
_____
_____

Additional comments or explanation (Attach additional sheets and any supporting documentation if necessary):

_____

_____

NORTH CAROLINA Applicant's Signature: _____
PITT COUNTY Date: _____

I, _____, a notary public for said County and State, do here certify that _____
Personally appeared before me this day and acknowledge that the above information is correct and truthful.

Witness my hand and official seal, this the _____day of _____ 20 _____.

Notary Public: _____
My Commission Expires: _____

(_____)
Notary Seal

FOR DEPARTMENT USE ONLY

Date Application Received: _____
Received By: _____

Investigative Summary:
_____
_____
_____
_____
_____
_____
_____

_____ Permit Granted Permit No. _____ Date _____
Expiration Date: _____

_____ Permit Denied

Reason:
_____
_____
_____
_____
_____
_____
_____
_____

Animal Protective Services Supervisor: _____

Date: _____

INSTRUCTIONS TO APPLICANT: Processing of this application will take at least (10) working days. Additional information may also be requested as part of this application processing. As soon as a decision is made, you will be notified.