

ANIMAL SERVICES

1601 Eubanks Road Chapel Hill, NC 27516 http://orangecountync.gov/animalservices

phone: (919) 942-7387 fax: (919) 918-2393

Livestock Application

Owner Name(s):		
Address of Livestock:		
Phone Number:	Alt. Phone Number:	
Email:		
Purpose of Livestock :(resid	ential, educational, or day care purpo	ses)Slaughter: Yes/No (Please Circle)
Include Area of Land in Squa	are foot. (Does <u>Not</u> Apply to rabbits o	or Fowl):
Landlord Name (If renting n	eeds letter of permission from land lo	rd section 10-3(4) <u>):</u>
Coop/hutch and run/pen (#	of feet from listed below 1-3)	
1) Number of feet from	n property line :	
2) Number of feet from	n Right-of-way :	
3) Number of feet from	n the Nearest Residence (other than t	he owner's residence):
Number of Horse(s):	Number of Turkey(s):	of Rabbits (no less that 3 are allowed): Number of Geese:
Number of Horse Goat(s):	Number of Pig (s):	Number of Fainting Goat's:
Description of Animal(s): (PI	ease include Breed, Age, Size, Color o	on a separate paper and attach it to this application)
	icant shall submit with the application shelter, coop (fowl) or hutch (rabbit)	
•	run or pen. (See attached brochure f	•
I understand the Animal Cor	•	to ensure specific requirements have been met
Signature:	Print:	Date: