



WASHOE COUNTY
REGIONAL ANIMAL SERVICES

2825 LONGLEY LANE, STE. A
RENO, NEVADA 89502
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Date Received/Office Staff Initials

Commercial Animal Welfare Permit Application

Business Name: _____ Date: _____

Business Address: _____ Business Phone Number: _____

Applicant Name(s): _____

Applicant(s) Address: _____ Phone Number: _____

Types of animals to be housed at location:

Veterinarian

Name: _____ Clinic: _____

Address: _____ Phone Number: _____

For each facility, please submit the following materials with this application:

1. A non-refundable application fee \$ _____.
2. A detailed plot plan (diagram) showing the physical layout of each facility.
3. A written Program for Veterinary Care ("PVC")
4. A written sanitation program
5. A written disease control and health care program

I certify that I have received and read Washoe County Code (WCC) 55.455 and Nevada Revised Statutes (NRS) 574.210 through 574.510, inclusive, as these sections pertain to this application for a Commercial Animal Welfare Permit. Further, I am requesting that WCRAS perform an inspection of the above facility.

Signature of Applicant: _____

Date: _____