



Adi M. Pour, Ph.D.
Health Director
(402) 444-7471

APPLICATION FOR DOMESTIC ANIMAL PERMIT

Administration & Finance
(402) 444-7216

Name: _____

Epidemiology
(402) 444-7214

Location (address): _____

Food and Drink
(402) 444-7480

City: _____ Zip Code: _____

Health Promotion
(402) 444-7475

Species of animals: _____

Number of animals: _____

Lead Prevention Program
(402) 444-7825

Name of person in charge: _____ Phone No: _____

Public Health Clinic & Immunizations
(402) 444-6163

I have read the applicable articles of Chapter 6 and Chapter 18 of the Omaha Municipal Codes (www.municode.com). I certify that I will maintain the animals listed in a humane manner in compliance with the applicable municipal codes. I understand that this permit is issued for a period of 1 January to 31 December of the issued year and may be revoked for non-compliance. Renewal requests shall be submitted not later than 31 January of each successive year.

STD Control
(402) 444-7750

Signature: _____

Travel Clinic
(402) 444-7207

Note: This application must be returned to
Douglas County Health Department
Midtown Campus
1111 S. 41st St., Ste 130
Omaha, NE 68105

Sanitation Control
(402) 444-7481

Sanitary Engineering
(402) 444-7485

WIC
(402) 444-1770

Civic Center Location
1819 Farnam Street, H01
Health Data
(402) 546-0847

.....
Date Received: _____ By: _____

Approved by: _____ Date: _____

Vital Statistics
(402) 444-7205

Permit issued: _____ By: _____

Health Center Location
4102 Woolworth Av.
Laboratory Services
(402) 444-7496