



NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
VETERINARY PUBLIC HEALTH SERVICES
ANIMAL EXHIBIT REQUEST

Name of Exhibitor: _____ Email Address: _____

Contact Person: _____ Mobile: (____) _____

Business Address: _____ City: _____ State: _____ Zip Code: _____

Business Telephone: (____) _____ Business Fax: (____) _____ Business Email: _____

Type of Exhibit: [] Petting Zoo [] Film [] Commercial [] Rodeo [] Parade [] Television

Other (specify) _____

Complete Name and Address of Exhibit Site: _____

If applicable, NYC Street Activity Permit Office Permit #: _____ NYC Film Office Permit #: _____

Acord Certificate Insurance with "New York City, 1 Centre Street, NY, NY 10007" as Certificate Holder attached? [] Yes

Contact Person On-Site: _____ Title: _____

Office Telephone: (____) _____ Mobile: (____) _____

Day and date(s) of Exhibit: _____ Time of Exhibit: _____

Name and Address of Night Quarters: _____

Date of Arrival: _____ Date of Departure: _____

Number and Type/species of Each Animal to be exhibited, include identifiers such as name, tag numbers, etc. (Attach additional sheets if necessary): _____

Multiple horizontal lines for listing animal details.

Describe methods of sanitary control and waste removal (attach additional sheets if necessary):

Multiple horizontal lines for describing sanitary control methods.

Name, address, and telephone # of owner of animals (attach additional sheets if necessary):

Multiple horizontal lines for owner information.

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Exhibitor _____

Site _____ **Date:** ____/____/____

Examining Veterinarian

Veterinarian's Name: _____ Telephone: (____) _____ Mobile Phone: (____) _____

Veterinarian's Name: _____ Telephone: (____) _____ Mobile Phone: (____) _____

Local, On-Call Veterinarian (Required For All Petting Zoos): Veterinarian's Name: _____

Telephone: (____) _____ Mobile Phone: (____) _____ NYS License #: _____

Describe measures to be taken to protect the public, such as caging, holding pens, restraints, fencing/barriers, and security. Include all specifications, such as dimensions, materials used, and constructions. Attach diagram(s) and additional sheets as necessary.

I agree to the terms and conditions for exhibiting animals as specified by the Department of Health and Mental Hygiene. I further agree to hold the City of New York harmless for any personal injury or property damage alleged to have been caused by the granting of permission for this exhibit.

Name: _____

Signature: _____

Title: _____

For DOHMH use only

Comments:

Comments:

Incomplete Approved Disapproved

Incomplete Approved Disapproved

Veterinarian

Date

Permit Analyst

Date