

Non-Native Animal Permission Form

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Type Animal: ___ Dog ___ Cat ___ Horse ___ Other (describe) _____

Breed: _____ Animal's Name: _____ Color: _____ Age: _____

Weight: _____ lbs. Sex: ___ Male ___ Female Spay/Neuter ___ Yes ___ No

Is this animal a pet? ___ Yes ___ No (describe) _____

Location of animal: ___ Inside ___ Outside ___ Both If outside or both, please describe

plans for containment of animal while outside: _____

Note: Attach vaccination record for the above animal

Approval Section

Vaccination Record:

Dogs: _____ Distemper Combination (DHLPPC - includes Corona and Leptovirus)

_____ Bordetella (kennel cough)

_____ Rabies

Cats: _____ Distemper Combination (FVRCP)

_____ Feline Leukemia (FeLV)

_____ Rabies

___ Certification of Health from program manager (Dr. Richard Denney)

___ Confirmation of Spay/Neuter

Director of Leases: _____ Approval Date: _____

Submit completed form with all records to: Catalina Island Conservancy, PO Box 2739,
Avalon, CA 90704, Attn: Director of Leases