

**ENID POLICE DEPARTMENT**  
**301 W. Owen K Garriott**  
**Enid, Oklahoma**  
**580-242-7000**

**ENID ANIMAL CONTROL**  
**1200 S. 10<sup>th</sup> Street**  
**Enid, Oklahoma**  
**580-249-4910**

### Animal Rescue Registration

New Registrant       Renewal

Name of Animal Rescue to be registered:  
 Doing business as: \_\_\_\_\_

Is the entity a nonprofit registered with the IRS?      Yes      No

Type of Organization:      Individual      Partnership      LLC      Corporation      Other (specify)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Holding Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

(if different than mailing address where animal(s) will be held)

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth of Registrant, and Date of Incorporation if Entity: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

State of Incorporation if Entity: \_\_\_\_\_

*Name and Address of Individuals providing Foster Homes to Animal Rescue\* If Renewal, only note those new Foster Homes added or removed since previous registration*

1. Last Name	First Name	Middle Initial
Address (Street Number, Street, City, State, and Zip Code)		
2. Last Name	First Name	Middle Initial
Address (Street Number, Street, City, State, and Zip Code)		
3. Last Name	First Name	Middle Initial
Address (Street Number, Street, City, State, and Zip Code)		

**\*Please use additional sheets if needed.**

Has any registrant on this application ever been convicted of a felony, or any crime related to cruelty to animals, or prohibitions concerning companion animals?

Yes       No

Veterinarian: \_\_\_\_\_ Alternate Veterinarian: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

The foregoing statements concerning the registration of an Animal Rescue located in Enid, Oklahoma are, to the best of my knowledge and belief, true and correct. I (we) agree to keep records of annual registration for a period of twelve months showing proof of compliance with the Enid Municipal Code, title 5, chapter 7, section 5-7-12, Animal Rescue Ordinance, including the name and address of each person from whom I (we) utilize as a foster home. I (we) also agree to permit the Enid Animal Control Supervisor, or any of its authorized agents, to inspect my (our) records at any time.

Date application made:  _____ Signature of the registrant or one authorized to sign  _____ Printed Name	Approved  Registration No.
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*Mail or deliver the completed form to:*  
**Enid Police Department**  
**301 West Owen K. Garriott Road**  
**Enid, Oklahoma**  
 or  
**Enid Animal Control**  
**1200 South 10<sup>th</sup> Street**  
**Enid, Oklahoma**