



Animal Health Division
West Virginia Department of Agriculture

Kent A. Leonhardt
Commissioner

60B Moorefield Industrial Park Rd. Moorefield, WV 26836
Phone: 304-538-2397 FAX: 304-538-8133

Dr. James Maxwell
State Veterinarian

Date: _____

OFFICE USE ONLY
[] approved [] rejected

Dangerous Wild Animal Registration

Section 1:

Name: _____ Date of birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Attach a current copy of your liability insurance policy declaration page including amount and deductible

- Attach (minimum of 3) color photographs of each animal that is being registered, both sides, and front clearly showing permanent identification
• Attach a color photograph of each primary enclosure for each animal being registered
• Attach a letter from the veterinarian who cares for the animal certifying that the animal is in good health
• Enclose a check or money order for registration
• Make checks or money order payable to West Virginia Department of Agriculture
• If you do not have a Premise ID/Farm Identification Number, please contact the West Virginia Department of Agriculture at 304-558-2214.

Send application, supporting documents, and fees to:
WV Department of Agriculture
Animal Health Division
1900 Kanawha Boulevard, East
Charleston, WV 25305

Registration Fee:

- \$10 application fee
• \$150 per animal

Insurance Requirements:

- Liability insurance in an amount of not less than \$300,000 with a deductible of not more than \$250 for each occurrence of property damage, bodily injury or death caused by a dangerous wild animal possessed by the person

Subscribed and sworn before me this _____ day of _____, _____.

Notary Public: _____

I certify that I am not more than six months in arrears in any child support obligations as outlined in the WV Code, Chapter 48, and Article 15. I also certify I am up-to-date on my Worker's Compensation and Unemployment Security payments to the State.

I agree to abide by the terms and conditions of this permit.

signature

date

Section 2:

By signing this form the applicant states and understands that he or she may not breed, receive or replace a dangerous wild animal; applicant shall notify the sheriff or humane officer in his or her county immediately if the dangerous wild animal escapes; applicant may not allow the dangerous wild animal to come into physical contact with a person other than the permitted, the animal's designated handler, an employee of a law-enforcement agency enforcing this article or a veterinarian administering medical treatment or care; applicant has not been convicted for an offense involving the abuse or neglect of any animal; applicant has not had a permit or license concerning the care, possession, exhibition, breeding or sale of a dangerous wild animal revoked or suspended by a governmental agency; applicant shall permanently mark each dangerous wild animal with a unique identifier which shall be a Radio Frequency Identification (RFID), microchip, or legible tattoo; applicant shall maintain records for each dangerous wild animal, including veterinary records, acquisition papers, the purchase date and other records that prove ownership of the dangerous wild animal; applicant shall present proof of liability insurance in an amount of not less than \$300,000 with a deductible of not more than \$250 for each occurrence of property damage, bodily injury or death caused by a dangerous wild animal possessed by the person; applicant shall notify the Dangerous Wild Animal Board not less than three (3) days before a dangerous wild animal is transferred to another person out of state; applicant may not transfer dangerous wild animals in the state without the written consent of the Dangerous Wild Animal Board; applicant shall notify the Dangerous Wild Animal Board of any plans to move or change address, and may not move the animal without the written consent of the Dangerous Wild Animal Board. However, in the event of a medical emergency, a dangerous wild animal may be transported to a licensed veterinarian's facility for treatment and care if the animal is at all times confined sufficiently to prevent escape; and applicant shall comply with all the rules promulgated by the Dangerous Wild Animal Board pursuant to the provisions of West Virginia Code §19-34-6. The Dangerous Wild Animal Board may issue a permit to possess a dangerous wild animal if it determines that the applicant has met the requirements of West Virginia Code §19-34-6.

- 1. Have you ever been convicted of animal abuse or neglect? Yes _____ No _____
- 2. Have you ever had a license revoked by the federal, state or local government to breed, care for or sell animals? Yes _____ No _____
- 3. In the past 10 years, have you ever been convicted of a felony, or misdemeanor involving the abuse or neglect of any animal in this or any other state? Yes _____ No _____

If yes, please provide the following information:

What was the nature of the crimes)? _____

Date: _____

Where: _____

Section 3:

Please list the following information for each dangerous wild animal you possess.
(Please see next page if you possess more than one dangerous wild animal)

Species: _____ Age: _____ Sex: _____ Color: _____

Weight: _____ Scars: _____

Distinguishing marks: _____

Electronic ID manufacturer: _____ Electronic ID manufacturer number: _____

Veterinarian who cares for the animal: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Section 4:

Location where the wild animal is kept: _____

Address: _____

City: _____ State: _____ Zip: _____

Premise ID: _____

LIST ADDITIONAL DANGEROUS WILD ANIMALS BELOW:

Please list the following information for each dangerous wild animal you possess.

Species: _____ Age: _____ Sex: _____ Color: _____

Weight: _____ Scars: _____

Distinguishing marks: _____

Electronic ID manufacturer: _____ Electronic ID manufacturer number: _____

Veterinarian who cares for the animal: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Location where the wild animal is kept: _____

Address: _____

City: _____ State: _____ Zip: _____

Premise ID: _____

Species: _____ Age: _____ Sex: _____ Color: _____

Weight: _____ Scars: _____

Distinguishing marks: _____

Electronic ID manufacturer: _____ Electronic ID manufacturer number: _____

Veterinarian who cares for the animal: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Location where the wild animal is kept: _____

Address: _____

City: _____ State: _____ Zip: _____

Premise ID: _____

Species: _____ Age: _____ Sex: _____ Color: _____

Weight: _____ Scars: _____

Distinguishing marks: _____

Electronic ID manufacturer: _____ Electronic ID manufacturer number: _____

Veterinarian who cares for the animal: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Location where the wild animal is kept: _____

Address: _____

City: _____ State: _____ Zip: _____

Premise ID: _____