



DR. ALBERT CORTE, JR.  
**ANIMAL SHELTER**

7145 JOHNSON ROAD  
DAPHNE, AL 36526  
PH 251.621.2831 • FAX 251.621.2828

DATE RECEIVED: \_\_\_\_\_

# Animal Trap Permit

REASON FOR TRAP \_\_\_\_\_

The Daphne Animal Shelter will provide animal traps for citizens of Daphne who have a valid need for them. However, in receiving the trap you must agree to the following terms:

1. To hold the City of Daphne harmless from any liability.
2. There will be a deposit of \$50.00 on all traps. If traps are not returned within 5 days, the monies will be deposited for purchase of replacement traps. Traps must be returned to the Animal Control personnel before your deposit will be returned or refunded.
3. To be responsible for traps that are set on your property or premises by the Animal Control officers.
4. To allow Animal Control personnel to enter your property or premises to inspect traps.
5. To humanely care for all animals caught in traps.
6. To place traps in a location that is protected from extreme weather conditions (too hot, too cold, rain, snow, etc.) Or any other conditions which will be detrimental to the health and well being of the captured animal.
7. To agree that the Animal Shelter reserves the right to refuse an animal trap to anyone who fails to state an adequate and humane reason for the need of a trap. The Animal Shelter reserves the right to refuse an animal trap to anyone outside the city limits. Proof of residency by a drivers license is required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Bus. # \_\_\_\_\_ Drivers Lic. No. \_\_\_\_\_

**Office Use:**

Trap No. \_\_\_\_\_ Date Trap Received \_\_\_\_\_

Officer \_\_\_\_\_ Date Trap Returned \_\_\_\_\_