



Galveston County Health District

APPLICATION FOR COMMERCIAL ANIMAL ESTABLISHMENT PERMIT

NOTICE

Permit Must Be Obtained Prior to:

Date: _____

Date: _____

The undersigned hereby makes application
_____ For commercial Animal Establishment Permit
_____ To re-validate current commercial Animal Establishment Permit

To conduct the Business of: _____ Number of animals to be housed: _____
(Kennel, Pet Shop, Riding Stable, Auction, Circus, etc.)

Name of Establishment: _____ Phone: _____

Establishment Address: _____
(Address, City, State, Zip)

Mailing Address: _____
(Address, City, State, Zip)

Owners Name: _____ Phone: _____

Owners Address: _____
(Address, City, State, Zip)

Operator's Name: _____ Phone: _____

Operators Address: _____
(Address, City, State, Zip)

Applicant's Signature: _____

This application must be returned to the Galveston County Health District Office address listed below

Office Location: 1205 Oak Street,
La Marque, Texas
Mailing Address: P.O.Box 939
La Marque, Texas 77568
Phone: 409-938-2300

FOR HEALTH DISTRICT USE ONLY

Date Issued: _____ 20_____

Expiration Date: _____ 20_____

Receipt Number _____

Permit Fee: _____

Permit Number _____

Application Approved by: _____
Sanitarian/Inspector

COMMERCIAL ANIMAL ESTABLISHMENT INSPECTION FORM
(To be completed by Health District)

Number of Housing Facilities/cages: _____
 Water Source: _____ Sewage Type: _____

	YES	NO	N/A	CORRECTED BY
1. Exposed electrical receptacles weather proof				
2. Adequate lighting (30' candle)				
3. Adequate ventilation				
4. Heating facilities				
5. Hand wash facility/germicidal soap/paper towels				
6. Hot water for cleanup				
7. Removable water bowls 3" above floor				
8. Washing sink sized for equipment				
9. Wastewater system good repair/trapped/air gap				
10. Lift out floor drain grills/euthanasia flush-typed drain				
11. Graded floors to drain in containment area				
12. Cages good repair/sized/protects animals				
13. Interior surfaces impervious, easily cleanable				
14. Floors smooth, easily cleanable/covered gutters				
15. Food storage protected				
16. Vermin protected/control				
17. Sanitizer available				
18. Quarantine cages constructed/secured				
19. Backflow prevention measures				
20. Garbage disposal adequate				
21. Restrooms available				
22. Good animal health				
23. Applicable vaccinations				
24. Facility clean				

COMMENTS: _____

 HEALTH DISTRICT OFFICIAL

 OWNER/OPERATOR

 .DATE OF INSPECTION