



**APPLICATION FOR INDIANA  
WILD ANIMAL POSSESSION PERMIT**

State Form 2402 (R14 / 6-22)  
Approved by State Board of Accounts, 2022

**INDIANA DEPT OF NATURAL RESOURCES  
DIVISION OF FISH AND WILDLIFE  
ATTN: COMMERCIAL LICENSES**  
402 W. Washington Street, Room W273  
Indianapolis, IN 46204-2781  
Phone: (317) 233-6527  
Fax: (317) 232-8150  
www.wildlife.IN.gov

**INSTRUCTIONS:**

1. Please type or print information. Attach additional sheets for explanation, if necessary.
2. Be sure to read all regulations (312 IAC 9-11).
3. Only one (1) animal can be listed per application form. The animal must be acquired legally.
4. Mail form and permit fee (if applicable) to the above address. Make check or money order payable to the Indiana DNR.

New Applicant (FEE: \$20.00)

Renewal (No fee, if received within one (1) month of expiration date.)

Original permit number (For Renewals) \_\_\_\_\_ Expiration date (For Renewals) \_\_\_\_\_  
(month, day, year)

Name of applicant (last name, first name, middle initial) \_\_\_\_\_

Date of birth (month, day, year) \_\_\_\_\_ E-mail address \_\_\_\_\_

Address (number and street, no PO boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number (\_\_\_\_\_) \_\_\_\_\_

Species of animal \_\_\_\_\_ Check all that apply:  Male  Female  Neutered  Spayed

Name of Animal (If applicable) \_\_\_\_\_

If the animal is at another location, please complete the following:

Address (number and street) \_\_\_\_\_

City \_\_\_\_\_ ZIP code \_\_\_\_\_ County \_\_\_\_\_

**COMPLETE THIS SECTION IF THIS IS THE FIRST APPLICATION TO POSSESS THE ANIMAL.**

**You may skip this section if this is a renewal application.**

How the animal will be or has been obtained:  Purchase  Gift  Other (Explain) \_\_\_\_\_

If the animal was obtained from a person/business, please provide the following information:

Name of individual or business \_\_\_\_\_

Address (number and street, city, state, and ZIP code) \_\_\_\_\_

When you intend to acquire this animal or when you acquired it if already in possession (month, year) \_\_\_\_\_

**NEW APPLICANTS MAY SKIP THIS SECTION.**

**For Renewals: This section must be completed by a licensed veterinarian.**

I, \_\_\_\_\_, a licensed veterinarian, verify that the animal listed on this application form appears to be free of disease and in good health. I further verify that the animal was observed at least once during the prior year or more frequently if necessary to provide adequate veterinary care (frequency of the visits determined by attending veterinarian, not the facility) and the animal appears to have been properly cared for with nutrition and diet.

Signature of Licensed Veterinarian \_\_\_\_\_ Date (month, day, year) \_\_\_\_\_

Comments (use additional sheets if necessary): \_\_\_\_\_

Name of business \_\_\_\_\_ Telephone number (\_\_\_\_\_) \_\_\_\_\_

Address of business (city, state) \_\_\_\_\_

Under the penalties of perjury, I swear or affirm that the information supplied by me is true and correct to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date (month, day, year) \_\_\_\_\_

**RECAPTURE PLAN FOR CLASS III ANIMALS**

Every application for a Class III wild animal must provide a recapture plan. This must include a plan for the quick and safe recapture of the wild animal if the animal escapes or, if recapture is impracticable, for the destruction of the animal. You must obtain the equipment needed to carry out the recapture and destruction plan. The nature and extent of the recapture plan and the equipment needed are dependent on the danger the escaped animal poses to persons, domestic animals, livestock, and other wildlife in the vicinity of the escape.

1. Please list the names and phone numbers of people who will be notified if the animal escapes (police, neighbors, etc.):

<u>Contact</u>	<u>Telephone Number</u>
Name: _____	_____
Name: _____	_____
Name: _____	_____
Name: _____	_____

2. Please list the name(s) of people who will attempt to recapture the animal:

<u>Name</u>	<u>Telephone Number</u>
_____	_____
_____	_____
_____	_____

3. Please list the equipment (live trap, ropes, cages, tranquilizer gun, etc.) that you possess that will be used to recapture the animal and, if impracticable, provide for the destruction of the animal. You must have equipment on hand that will not only provide for the quick and safe recapture of the animal, but also equipment that can be used to kill the animal if it escapes outside the perimeter fence and isn't able to be recaptured.

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**FOR OFFICE USE ONLY**

Issue date (month, day, year): \_\_\_\_\_ Expiration date (month, day, year): \_\_\_\_\_

Permit number: \_\_\_\_\_ Check/Money Order number: \_\_\_\_\_

Approved by: \_\_\_\_\_ Approval date (month, day, year): \_\_\_\_\_

Comments: \_\_\_\_\_