



Animal Health Division  
West Virginia Department of Agriculture

1900 Kanawha Blvd. East, Charleston, WV 25305  
Phone: 304-558-2214

Date: \_\_\_\_\_

OFFICE USE ONLY	
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**Dangerous Wild Animal Registration**

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**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:** \_\_\_\_\_

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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:** \_\_\_\_\_

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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:** \_\_\_\_\_