



Texas Animal Health Commission Feral Swine Hunting Preserve Application

New
 Renewal (Previous Permit Number _____)

Facility Information		
Name of Applicant	Daytime Phone	Evening Phone
Mailing Address	City, State, ZIP	County
Facility Name	GPS Coordinates (xxx.xxxxx) N _____ W _____	
Physical Address	City, State, ZIP	
Directions to Facility	NAIS Premises Identification Number	Inspection Date

To be completed by TAHC Inspector and Applicant during inspection. Facility meets the following criteria:

1. Only <u>male</u> feral swine (i.e., boars and/or barrows) may be accepted.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Any swine released must be individually identified with a USDA test tag, RFID tag or other Commission-approved identification prior to release.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The hunting preserve has adequate fencing to prevent escape of swine.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Records shall be kept and maintained as required for not less than five years from the date the record was generated and shall be provided to an authorized agent of the commission upon request/inspection.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Applicant agrees to NOT feed any garbage or waste to feral swine.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. A copy of the feral swine regulations has been given to the owner/manager of this facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. The facility is currently licensed and is in good standing with Texas Parks and Wildlife.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I understand and agree to meet all applicable requirements as well as to continually maintain the fences to prevent the escape of feral swine. I also understand that failure to meet these requirements could result in revocation of this permit.

Applicant Signature

Date Signed

TAHC USE ONLY

1. A copy of the TPWD Hunting Lease License is enclosed.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. TAHC Representative Recommendation	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval		
TAHC Inspector	Date	TAHC Region Management	Date
TAHC Executive Director			Date

TAHC Form 09-01 (Issued 11/08/2016)

White: Owner

Yellow: Program Records

Pink: Region Office

Gold: TAHC Inspector