# Texas Animal Health Commission

# Feral Swine Hunting Preserve Application

Clear Form

❑ 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)<br>**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 male feral swine (i.e., boars and/or barrows) may be accepted. | ❑ Yes | ❑ No |
| **2.** Any swine released must be individually identified with a USDA test tag, RFID tag or other Commission-approved identification prior to release. | ❑ Yes | ❑ No |
| **3.** The hunting preserve has adequate fencing to prevent escape of swine. | ❑ Yes | ❑ 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. | ❑ Yes | ❑ No |
| **5.** Applicant agrees to NOT feed any garbage or waste to feral swine. | ❑ Yes | ❑ No |
| **6.** A copy of the feral swine regulations has been given to the owner/manager of this facility. | ❑ Yes | ❑ No |
| **7.** The facility is currently licensed and is in good standing with Texas Parks and Wildlife. | ❑ Yes | ❑ 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. | ❑ Yes | ❑ No |
| 2. TAHC Representative Recommendation | ❑ Approval | ❑ Disapproval |

| TAHC Inspector | Date | TAHC Region Supervisor | Date | TAHC Region Director | Date |
|---|---|---|---|---|---|
| | | | | | |

**TAHC Form 09-01** (Revised 11/26/2019)

**White: Owner** **Yellow: Region Office** **Pink: TAHC Inspector**