



Kansas Department of Agriculture
1320 Research Park Dr, Manhattan, KS 66502
Phone: (785)564-6605 Fax: (785) 564-6778
<http://agriculture.ks.gov>

*=Required field. Application will be mailed back for corrections.
Apply online at: <https://www.kellysolutions.com/ks/indexAnimalHealth2.asp>
Renewals are due by September 30th, 2017.

2017-2018 Group Home Shelter License

\$50

New applicants, call office after October 30th for prorated fee amount.

Current Veterinary Care Form is required

We accept Visa,
Master Card,
Discover
Make checks out to:
KDA

- ☐ Renewal Application
☐ New Application

State License #: _____

Premise County: _____

*Owner/Operator Name _____

*Premise/Business Name _____

*Applicant Mailing Address _____

*Premises Physical Address _____

(NOT PO Box)

*City _____ *Zip: _____

*City _____ *Zip: _____

Check which phone number you prefer:

☐ *Home Phone: _____

*Email: _____

☐ Cell Phone: _____

Fax: _____

☐ Work Phone: _____

*Social Security/FEIN: _____

*Please initial that you agree to the license type definition:

_____ As a Group home shelter, I agree that this premises complies with K.A.R.9-22-4 (5) "Group home shelter" means a type of shelter consisting of two or more foster home shelters that meet all of the following conditions: (A) The foster home shelter licensees have joined together to house and provide temporary care for one or more animals for the purpose of finding permanent adoptive homes. (B) The foster home shelters are not sponsored by a licensed shelter that maintains a central facility for keeping animals. (C) The group home shelter has designated a manager who carries out the duties of a sponsoring shelter.

Y / N *Have you or any of your employees ever been convicted of any crime relating to theft or cruelty to animals?
(if yes, a letter of explanation MUST be attached)

☐ *Current veterinary care form is on file with the AFI Program

☐ I have attached a current veterinary care form

What species of animal do you Rescue?	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Ferrets	<input type="checkbox"/> Birds	<input type="checkbox"/> Other: _____
Total Number on premises:	_____	_____	_____	_____	_____
Spayed/Neutered:	_____	_____	_____	_____	_____
Personal Pets (Not for Sale):	_____	_____	_____	_____	_____

***Total number of dogs and/or cats shall not exceed 19. If there are more than 19, an Animal Shelter and/or Pound license is required.

Y / N *Does this shelter utilize pet animal fosters? If yes, please contact the office for foster licensing requirements.

Y / N Do you sell, offer or maintain for sale animals at any other locations? If yes, where? _____

*What are your preferred hours for inspection? _____

(Must be available Monday to Friday for at least three consecutive hours each day to not be required to have a Designated Representative)

**Designated Representative(other than owner): _____ Designated Representative phone: _____

***Required per K.A.R. 9-18-2 (d) If the owner or operator of the premises is not routinely available between the hours of 7:00 a.m. and 7:00 p.m., the owner or operator shall designate a representative who will be present while the inspection is conducted and shall notify the commissioner in writing of the name of the designated representative. The designated representative shall be 18 years of age or older. The owner or operator shall notify the commissioner in writing of any new representative who is designated to be present during inspections.

Directions to Premise: _____

I understand that Kansas law permits that a licensee may have routine inspections and may be inspected upon complaint. I hereby consent to the inspections by the Kansas Department of Agriculture. I understand inspections may be conducted outside of my preferred hours Monday to Friday, 7am to 7pm. I understand and agree that by signing this form I am required to provide to the animals in my custody adequate veterinary care as defined in K.S.A. 47-1701 (dd)(1). I understand and agree that in order to verify my compliance with this requirement, authorized representatives of the Kansas Department of Agriculture may contact my veterinarian and request written verification, including medical records, reflecting adequate veterinary care treatment of the animals in my custody. I understand that a willful disregard of any provision of the Kansas Pet Animal Act or of any regulations adopted thereunder may subject the licensee to suspension or revocation of the license and/or fine of up to \$1000 per violation and/or criminal penalties. I understand that a material misstatement in this application form may be grounds for denial, suspension or revocation of a license. The information contained within this application is true and correct to the best of my knowledge. All RENEWAL applications not postmarked by 11-15-17 will be assessed a \$70.00 late fee. There is a returned check fee of \$30.00 for checks which are dishonored and returned unpaid to KDA for any reason.

Owner Signature: _____ Date: _____

Printed Name: _____

TO BE COMPLETED BY KDA STAFF ONLY

GHS: _____

AHL: _____

Transaction #: _____ CC/CK#: _____