

A current Vet Care Form is Required

☐ Renewal Application
☐ New Application
* = required field

State License #:		Premise County:
Address and Contact Information		Charle which who are south as your most on
*Owner/Operator Name:		
*Applicant Mailing Address:		*Home Phone:
*City	*Zip:	Cell Phone:
*Premise/Business Name:		□ Work Phone:
*Premises Physical Address:	(NOT PO BOX)	*Email:
		FEIN #:
14-1701(k) * Projected number of litter	ee that this premise com of my employees are an ers this license year employees ever been co	
*Vet care forms expire a year from Current veterinary care *Hours & Designated Representative Inspections are routinely conduct attempt to accommodate your prepreferred hours that are listed on	the date your veterinari form is on file with the ted Monday through F eferred hours of inspec- your application. If your agnated representative in	an signs it. Licenses will not be renewed unless a current form is on file. AFI Program I have attached a current veterinary care form riday, 7 am to 7 pm. pursuant to K.A.R. 9-18-9(c). Inspectors will ction; however, we cannot guarantee they will arrive during your ou are not routinely available for an inspection Monday through is required to be on file. Please note, a no contact fee of \$200 will be
*Vet care forms expire a year from Current veterinary care *Hours & Designated Representative Inspections are routinely conduct attempt to accommodate your prepreferred hours that are listed on Friday from 7 am to 7 pm, a designassessed according to K.S.A. 47-1	the date your veterinari form is on file with the ted Monday through F eferred hours of inspect your application. If your application of the gnated representative in 721(d)(1).	AFI Program I have attached a current veterinary care form riday, 7 am to 7 pm. pursuant to K.A.R. 9-18-9(c). Inspectors will ction; however, we cannot guarantee they will arrive during your ou are not routinely available for an inspection Monday through is required to be on file. Please note, a no contact fee of \$200 will be
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Transaction #: _____ CC/CK#: ____