



## 2020-2021 Rescue Network License

\$125

\*A current Vet Care Form is Required\*

Apply online at: <https://www.kellysolutions.com/ks/indexAnimalHealth2.asp>

☐ Renewal Application

☐ New Application

\* = required field

State License #: \_\_\_\_\_

Premise County: \_\_\_\_\_

### Address and Contact Information

\*Owner/Operator Name: \_\_\_\_\_

\*Applicant Mailing Address: \_\_\_\_\_

\*City \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Premise/Business Name: \_\_\_\_\_

\*Premises Physical Address: \_\_\_\_\_  
(NOT PO BOX)

\*City \_\_\_\_\_ \*Zip: \_\_\_\_\_

Check which phone number you prefer:

☐ \*Home Phone: \_\_\_\_\_

☐ Cell Phone: \_\_\_\_\_

☐ Work Phone: \_\_\_\_\_

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

FEIN #: \_\_\_\_\_

### License Details

\*Please initial. See the Kansas Pet Animal Act at: [agriculture.ks.gov/afi](http://agriculture.ks.gov/afi)

\_\_\_\_\_ As a rescue network, I agree that this premise complies with K.A.R. 9-18-4 (h)

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)

Y / N \*Does this rescue network utilize pet animal fosters? If yes, please contact the office for foster registration requirements.

Y / N \*Does this rescue network plan to hold mobile adoption events? If so, please provide the dates, times and locations of the event(s). (Continue on back) \_\_\_\_\_

\*Vet care forms expire a year from the date your veterinarian signs it. Licenses will not be renewed unless a current form is on file.

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

☐ I have attached a current veterinary care form

### Hours & Designated Representative

**Inspections are routinely conducted Monday through Friday, 7 am to 7 pm. pursuant to K.A.R. 9-18-9(c). Inspectors will attempt to accommodate your preferred hours of inspection; however, we cannot guarantee they will arrive during your preferred hours that are listed on your application. If you are not routinely available for an inspection Monday through Friday from 7 am to 7 pm, a designated representative is required to be on file. Please note, a no contact fee of \$200 will be assessed according to K.S.A. 47-1721(d)(1).**

\*What are your preferred hours for inspection? \_\_\_\_\_

\*\*Designated Representative(s) other than owner): \_\_\_\_\_

\*\*Required per K.A.R. 9-18-2 (d)

Designated Representative phone(s): \_\_\_\_\_

\*Directions to Premise: \_\_\_\_\_

I understand that Kansas law permits that a licensee may have routine inspections and may be inspected upon complaint. I 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 that a willful disregard of any provision of the Kansas Pet Animal Act or of any regulations adopted there under 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 09-30-2020 will be assessed a \$70.00 late fee.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

TO BE COMPLETED BY KDA STAFF ONLY

RN: \_\_\_\_\_

AHL: \_\_\_\_\_

Transaction #: \_\_\_\_\_

CC/CK#: \_\_\_\_\_