



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.

- Renewal Application
- New Application

2017-2018 Retail Breeder License
\$200 (With USDA License) \$405 (No USDA License)
New applicants, call office after October 30th for prorated fee amount.

*Copy of current USDA License must be attached to application to receive reduced fee
Current Veterinary Care Form is required

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

State License #: _____ USDA 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 Retail breeder, I agree that this premises complies with K.S.A. 47-1701(gg) any premises where all or part of six or more litters or 30 or more dogs or cats, or both, are sold, or offered or maintained for sale, primarily at retail and not for resale to another.

_____ *Neither myself nor any of my employees are an Animal Control Officer as stated in K.S.A 47-1711 and defined by K.S.A. 14-1701(k)

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 breed? Total Animals: _____ Spayed/Neutered: _____ Personal Pets (not for sale): _____ What Breeds? (continue on back if needed) _____	<input type="checkbox"/> Dog _____ _____ _____	<input type="checkbox"/> Cat _____ _____ _____
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*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

RBS: _____ RBU: _____
AHL: _____ Transaction #: _____ CC/CK#: _____