



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 Animal Shelter or Pound License

First Class City: (population of 15,000 or greater) \$300
Second Class City: (population range between 2,001 and 14,999) \$250
Third Class City: (population of 2,000 or less OR any facility that does not contract with a city) \$200
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 \_\_\_\_\_

\*City \_\_\_\_\_ \*Zip: \_\_\_\_\_ \*City \_\_\_\_\_ \*Zip: \_\_\_\_\_ (NOT PO Box)

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 an animal shelter, I agree that this premises complies with K.S.A. 47-1701(g) a facility which is used or designed for use to house, contain, impound or harbor any seized stray, homeless, relinquished or abandoned animal or a person who acts as an animal rescuer, or who collects and cares for unwanted animals or offers them for adoption. Animal shelter or pound also includes a facility of an individual or organization, profit or nonprofit, maintaining 20 or more dogs or cats, or both, for the purpose of collecting, accumulating, amassing or maintaining the animals or offering the animals for adoption.

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

\*This Shelter is owned, operated or maintained by: (check one)

- An Individual owning, harboring or maintaining 20 or more animals
A city or county
An individual under contract with a municipality to operate an animal shelter or pound
Incorporated Humane Society
Non-incorporated individual or organization devoted to the welfare, protection and humane treatment of animals
Licensed Veterinarian

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

Table with Shelter Capacity: Total Capacity, Current Total Number on Premise, Dogs, Cats

Y / N \*Do you accept stray animals from the general public? If yes, what times are you open to the public? \_\_\_\_\_

Y / N \*Does this shelter have a contract with a city or county to take in or harbor stray of seized animals or are you a city?

\*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

SP1: \_\_\_\_\_ SP2: \_\_\_\_\_ SP3: \_\_\_\_\_

AHL: \_\_\_\_\_ Transaction #: \_\_\_\_\_ CC/CK#: \_\_\_\_\_