



Kansas Department of Agriculture
Division of Animal Health
agriculture.ks.gov/animalhealth

1320 Research Park Drive
Manhattan, KS 66502
Phone: (785) 564-6601
Fax: (785) 564-6778

Application for Domesticated Deer Permit
License valid through September 30

New Application Renewal Application _____ License Number

1-19 Adult Domesticated Deer _____ \$75.00 permit fee

20-49 Adult Domesticated Deer _____ \$125.00 permit fee

Over 50 Adult Domesticated Deer _____ \$175.00 permit fee

Ownership Information

Owner's Name	Home Phone	Fax Number		
Owner's Mailing Address	City	State	Zip	County
Cell Phone	Email address			

Individual/Sole Proprietor Partnership LLP or LP Corporation LLC

Facility Information

Total Number of animals over 1 year of age by species on all facilities

Please complete facility information found on page 2 for all domesticated deer facilities that will be covered by this permit. Any premises with domesticated deer not documented with this permit application will be considered a separate facility and will be required to be permitted under a separate application. The required permit fee is based on the total number of deer present on all listed facilities.

Return by mail to Kansas Department of Agriculture, Division of Animal Health, 1320 Research Park Drive, Manhattan, KS 66502.

For Office Use Only - Revised 7/16

DD \$ _____ Transaction # _____ CC/CK # _____ Inspector _____
Entered By: _____ Date Entered: _____



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Please fill out the following information for all facilities that house animals under this license. If you have more than three facilities, make copies of this page until all associated facilities have been listed.

Facility 1 Breeding Facility Hunting Facility In the CWD Program? Yes No

Facility Name _____ Contact Person (Print) _____

Physical Address of Animal Location _____ E-Mail Address _____

City _____ State _____ Zip _____ County _____ Phone _____

Directions to facility: _____

Species and head count: _____

Facility 2 Breeding Facility Hunting Facility In the CWD Program? Yes No

Facility Name _____ Contact Person (Print) _____

Physical Address of Animal Location _____ E-Mail Address _____

City _____ State _____ Zip _____ County _____ Phone _____

Directions to facility: _____

Species and head count: _____

Facility 3 Breeding Facility Hunting Facility In the CWD Program? Yes No

Facility Name _____ Contact Person (Print) _____

Physical Address of Animal Location _____ E-Mail Address _____

City _____ State _____ Zip _____ County _____ Phone _____

Directions to facility: _____

Species and head count: _____



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Type of identification system used:

Ear Tag Ear Tattoo Ear Notches Implant Micro Chip Other:

Location of Micro Chip (if used): _____

If another ID System is used, please explain: _____

Have you ever been convicted of any crime, an essential element of which is misstatement, fraud or dishonesty? If yes, please explain:

Have you ever been convicted of theft or cruelty to animals? If yes, please explain:

Have you ever been convicted of poaching or illegally obtaining deer to add to your herd? If yes, please explain:

I attest to the veracity of the aforementioned information.

Signature of Applicant

Date