



**2023-2024 Rescue Network License**

\$125 non-refundable fee

\*A current Vet Care Form is Required\*

Renewal Application

New Application

\* = required field

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

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

Address and Contact Information

|   |   |   |
|---|---|---|
| <p>*Business Information:    Individual/Sole Proprietor <input type="checkbox"/>    Partnership <input type="checkbox"/>    LLP or LP <input type="checkbox"/>    Corporation <input type="checkbox"/>    LLC <input type="checkbox"/><br/> <i>If the applicant is a partnership, LLP, LP, Corporation, or LLC, the person applying on their behalf must be an authorized representative.</i></p> |   |   |
| *Applicant Name:  | *Premises/Business Name (if different):   | <p>*Phone Numbers (check which one is the preferred number):</p> <p><input type="checkbox"/> Home: _____</p> <p><input type="checkbox"/> Cell: _____</p> <p><input type="checkbox"/> Work: _____</p> <p><input type="checkbox"/> Other: _____</p> |
| If this is an entity registered with the KS Secretary of State, name of Authorized Representative:  | *Premises Physical Address (cannot be a PO Box):  |   |
| *Applicant Mailing Address:   | *Premises City, Zip Code:   |   |
| *Applicant City, Zip Code:  | *Preferred Method to Receive Correspondence:<br><input type="checkbox"/> Email <input type="checkbox"/> Postal Mail | *Email:   |

License Details

**\*Please initial each statement below to indicate your acknowledgement and understanding.**

**Read or print K.S.A. 47-1701 *et seq.*, and amendments thereto, and rules and regulations adopted thereunder (“Kansas Pet Animal Act”) online at: [agriculture.ks.gov/afi](http://agriculture.ks.gov/afi)**

\_\_\_\_\_ I have read the Kansas Pet Animal Act in its entirety. I understand that I must follow all laws, rules, and regulations contained therein to operate a compliant facility and remain in good standing with the Kansas Department of Agriculture. Failure to follow all laws, rules, and regulations could result in the suspension or revocation of my license, as well as fines up to \$1000 for each violation.

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

\_\_\_\_\_ I understand that if this facility utilizes foster homes, it is the licensee’s responsibility to ensure each foster home meets all the requirements set forth for foster homes in K.A.R. 9-18-28. Therefore, I also understand that enforcement action will be taken against the licensee for any failure by a foster home, utilized by the licensee, to comply with these requirements.

\_\_\_\_\_ Neither I nor any of my employees have ever been convicted of a crime relating to theft or cruelty to animals.  
 (if you or any employee has been convicted, a letter of explanation MUST be attached)

\*If this rescue network plans to hold mobile adoption events, 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 conducts the statutorily required site-visit at your facility. Licenses will not be issued or 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

TO BE COMPLETED BY KDA STAFF ONLY

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

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

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

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

Facility Capacity

\*Total Capacity:           Dogs: \_\_\_\_\_           Cats: \_\_\_\_\_  
 \*Personal Pets:           Dogs: \_\_\_\_\_           Cats: \_\_\_\_\_

Hours of Inspection

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. Program recommends designating at least 2-3 days each week for 3-4 hours each day as preferred hours, but please keep in mind routine inspections may nonetheless be conducted outside these preferred hours, and that providing preferred hours does not constitute an agreement by Program to conduct the inspections at the time specified. Please note, complaint inspections will be conducted at any time to ensure the health, safety, welfare of the animals at your facility.

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

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

Designated Representative

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 per K.A.R. 9-18-9(e). Please note, a no contact fee of \$200 will be assessed according to K.S.A. 47-1721(d)(1) for failure to make a premises available for inspection.

|   |               |
|---|---------------|
| *List all Designated Representative(s) other than Owner below. Attach additional sheets as necessary. |               |
| Designated Representative's Name:   | Phone Number: |
|   |               |
|   |               |
|   |               |

Acknowledgement and Signature

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 any refusal to allow an inspector to enter my facility to conduct an inspection will result in license revocation. 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 09-30-2023 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#: \_\_\_\_\_