



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 Breeder and/or Distributor

- Renewal Application
New Application

(50% or more wholesale)

\$200 (With USDA License) New applicants, call office after October 30th for prorated fee amount.

We accept Visa, Master Card, Discover

Copy of current USDA License must be attached to application

Make checks out to: KDA

State License #: _____ USDA 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 (If you are licensing as both, please initial each definition):

_____ As an Animal breeder, I agree that this premises complies with K.S.A. 47-1701(f) any premises where all or part of six or more litters of dogs or cats or both or 30 or more dogs cats or both that are sold, offered or maintained for sale, primarily at wholesale for resale to another.

_____ As an Animal Distributor, I agree that this premises complies with K.S.A. 47-1701(aa) the premises of any person engaged in the business of buying for resale dogs or cats or both, as a principal or agent, or who holds such distributor's self out to be so engaged.

_____ *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)

Table with 2 columns: Dog and Cat. Rows include: What species of animal do you breed?, Total Animals, Spayed/Neutered, Personal Pets (not for sale), What Breeds? (continue on back if needed)

*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: _____

By signing this application, 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. As a licensed USDA premises, I understand and agree that by signing this form my medical records, reflecting adequate veterinary care treatment of the animals in my custody fall under the USDA guidelines. 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 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

BDU: _____
AHL: _____

Transaction #: _____ CC/CK#: _____