

STATE OF KANSAS

KANSAS ANIMAL HEALTH DEPARTMENT

Renewal Application
New Application

708 SW Jackson Topeka, KS 66603
Phone (785) 296-2326 FAX (785) 296-1765
www.kansas.gov/kahd

CREDIT CARDS: DISCOVER
RENEWAL DUE BY: JUNE 30, 2009

2009-2010 Application for Kansas Animal Shelter or Pound License

Fees: First Class City (or contracting with)----- \$300.00
Second Class City (or contracting with)----- \$250.00
Third Class City (or contracting with) OR Other Licensees----- \$200.00

FEE MUST BE INCLUDED WITH APPLICATION - There is a returned check fee of \$30.00 for checks which are dishonored and returned unpaid to the KAHD for any reason. All RENEWAL applications not postmarked by 8-15-09 will be accessed a \$70.00 late fee.

County:
Shelter/Pound Name: Is this a Corp or LLC? Yes No
Owner/Operator Name:
Mailing Address: City & Zip:
Premise Physical Address (NOT PO Box) City & Zip:
Home Phone: Fax Number:
Cell Phone: Work Phone:
Usual hours at premise between 7:00am to 7:00pm Monday through Friday:
Phone where owner/operator may be contacted between 8 a.m. and 5 p.m. Monday - Friday:
Directions to premise:

Is the facility owned, operated or maintained by: (check one)

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

If not operated by city or county, does this facility have a contract with a city or county to take in or harbor stray or seized animals?

Please list all cities or counties for which animals are held:

If this facility does not harbor strays or seized animals for the city or county, where are these animals held?

Board Members and/or City Officers (if applicable):

Number of dogs/cats currently on premise: Dogs: Cats:

Shelter capacity: Dogs: Cats: Other Animals:

Has the facility operator, any employee, or anyone on the board of directors been convicted of any crime relating to theft or cruelty to animals? If "yes", please attach an explanation.

Web-site address: Email address:

I understand that Kansas law permits that an animal shelter or pound be inspected at least twice a year and upon complaint. I hereby consent to inspections by the Kansas Animal Health Department. 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 Animal Health Department 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 this license. The information contained within this application is true and correct to the best of my knowledge.

Signature of Owner or Authorized Representative Printed Name of Owner or Authorized Rep. Date

Social Security # Furnishing your social security number is voluntary. This request is pursuant to K.S.A. 74 -139. The information shall be used to provide your name, address and social security number to the director of taxation upon his request.

License year July 1, 2009 to June 30, 2010

TO BE COMPLETED BY KAHD STAFF ONLY

License #: PS Inspector Date Entered: Entered by:

Payment Type: Discover Cash Check No: License Fee : Late Fee Total Paid