

STATE OF KANSAS

KANSAS ANIMAL HEALTH DEPARTMENT

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

Renewal Application
New Application

2009-2010 Application for Kansas Rescue Home Shelter License - \$50.00

NOTE: Rescue Home licensees MAY NOT accept strays.

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:
Organization Name: Is this a Corp or LLC? Yes No
Applicant's Name:
Applicant's Mailing Address: City & Zip:
Premise PHYSICAL Address (NOT PO Box) City & Zip:
Phone where you may be contacted: Fax Number:
Cell Phone: Work Phone:
Usual hours at premise between 7:00am to 7:00pm Monday through Friday:
Directions to house:

What specific breed of dog/cat do you rescue?
Are you an affiliate or agent of a national purebred organization or a national organization for that specific breed?
Does the national organization have authority to set standards for your rescue home?
Does the national organization meet the criteria of section 501c(3) of the Internal Revenue Code?
** You must provide either a letter or other documentation from the national organization accepting that individual as a rescue home.
NO animal shall be placed in a rescue home until the commissioner has issued a rescue home license.
Total number of dogs/cats presently housed on this premise (no matter who owns them):
Number of personal dogs/cats: Other dogs/cats: Other species:
Approximate number of animals you anticipate rescuing per license year:
Have you ever been convicted of any crime relating to theft or cruelty to animals? If "yes", please attach an explanation.

Website Address:
Email Address:

I understand that Kansas law permits that a rescue home shelter 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 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 #: RES Inspector Date Entered Entered by:
Payment Type: Discover Cash Check No: License Fee : Late Fee Total Paid