



STATE OF MAINE
DEPARTMENT OF AGRICULTURE, CONSERVATION & FORESTRY
ANIMAL WELFARE PROGRAM
 28 STATE HOUSE STATION
 AUGUSTA, MAINE 04333

PAUL R. LEPAGE
GOVERNOR

WALTER E. WHITCOMB
COMMISSIONER

Boarding Kennel Application

*A criminal background check is required by law. Please include **\$25.00 (per owner)** in addition to the **\$75.00 license fee**. Please make checks payable to Treasurer, State of Maine.*

Facility Name: _____

Sales Tax ID: (Need if selling items such as dog food, pet care supplies) _____

Social Security # or EIN: (Need if kennel provides service only) _____

Mailing Address: _____

Physical Location with Directions: _____

Facility Phone: _____ Emergency/Mobile Phone: _____ Opening Date: _____

Days/Hours of Operation (*Required for Inspection purposes): _____

Owner Name: _____
 First MI Last Nickname or Maiden Name

Date of Birth: _____ Drivers License #: _____

Co-Owner Name: _____
 First MI Last Nickname/Maiden name

Date of Birth: _____ Drivers License #: _____

7 § 3935. License Prohibited

The department may not issue a license to maintain a boarding kennel, breeding kennel, animal shelter or pet shop to a person who, within the 10 years previous to the application for the license, has been convicted of murder, a Class A or Class B offense, a violation under Title 17-A, chapter 9, 11, 12 or 13 or a criminal violation under Title 17, chapter 42, or under a criminal law involving cruelty to animals that is no longer in effect, or within 10 years previous to the application for the license, has been adjudicated of a civil violation for cruelty to animals under chapter 739 or has been convicted or adjudicated in any other state, provincial or federal court of a violation similar to those specified in this section.

LIAM HUGHES, DIRECTOR
 ANIMAL WELFARE PROGRAM
 90 BLOSSOM LANE, DEERING BUILDING



PHONE: (207) 287-3846
 FAX: (207) 287-2400
 WWW.MAINE.GOV/DACF

Please describe the following:

What type of animals will your facility board? _____

Will you be offering overnight care/daycare? _____

Indoor facilities - Include materials used in the facility (for example: stainless steel cages):

Outdoor Facilities (houses, ties, runs, free access to kennel): _____

Quarantine/Isolation area: _____

Exercise Program: _____

Do you require animals to be vaccinated prior to boarding? Which vaccinations do you require? _____

Do you require animals to be treated with flea/tick control products prior to boarding? _____

List products used for cleaning and disinfection: _____

Describe your protocol for cleaning and disinfection: _____

I certify the information given herein to be true and complete to the best of my knowledge.

Name (Signature)

Name (Printed)

Date