



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

Breeding Kennel Application

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

Facility Name: _____ Sales Tax ID #: _____

License Category and fee:

Category 1	(5-10 Females)	_____	\$75.00 + \$25.00 (background fee) = \$100.00
Category 2	(11-20 Females)	_____	\$100.00 + \$25.00 (background fee) = \$125.00
Category 3	(21 + Females)	_____	\$150.00 + \$25.00 (background fee) = \$175.00

Mailing Address: _____

Physical Location/directions: _____

Facility Phone: _____ Alternate Phone: _____ Opening Date: _____

Hours of Operation (*Required for inspection purposes): _____

Owner Name: _____

First MI Last Maiden Name Nickname

Date of Birth: _____ Drivers License #: _____

Co-Owner Name: _____

First MI Last Maiden Name Nickname

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or 13 or a criminal violation under Title 17, chapter 42, or under a criminal law involving cruelty to animals that is no longer in effect, or within 10 years previous to the application for the license, has been adjudicated of a civil violation for cruelty to animals under chapter 739 or has been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

Breeding Kennel Supplemental

Total Number of Dogs: _____ Total Number of Cats: _____

Name of Breeds: _____

Number of adults per breed:

Breed: _____ (M) _____ (F) _____

Please describe the following:

Indoor facilities (Crates, pens, free-housing etc.): _____

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

Location of the whelping box/area: _____

Quarantine/Isolation area: _____

Exercise Program: _____

Protocol for disease control (Deworming; Vaccination Products and Schedules): _____

List products used for cleaning and disinfection: _____

Describe your protocol for cleaning and disinfection: _____

Location of records: _____

Name, address and phone number of Veterinarian: _____

How long have you been with this Veterinarian? _____

Vaccination protocol for the puppies: _____

Vaccination protocol for kittens: _____

Vaccination protocol for adult dogs: _____

Vaccination protocol for the adult cats: _____

Have you owned or worked in any other breeding kennel? _____

If so, where? _____

Please enclose a copy of your current sales contract.

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

Name (Signature)

Name (Printed)

Date