



STATE OF MAINE DEPARTMENT OF AGRICULTURE, CONSERVATION & FORESTRY
ANIMAL WELFARE PROGRAM

28 STATE HOUSE STATION AUGUSTA, MAINE 04333-0028

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)	☐ \$125.00
Category 2	(11-20 Females)	☐ \$150.00
Category 3	(21 + Females)	☐ \$200.00

Mailing Address: _____

Physical Location/directions: _____

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

Email: _____

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 #: _____

*Director/Manager: _____

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, a breeding kennel 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 B offense, a violation under a 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12 or 13 or a criminal violation under Title 17, chapter 42 or under a criminal law involving cruelty to animal that is no longer in effect or within 10 years previous to the application for the license, has been adjudicated of a civil violation for cruelty to animals under chapter 739 or has been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.

Breeding Kennel Supplemental

Total Number of Dogs:_____Total Number of Cats:_____

Name of Breeds:_____

Number of adults per breed:

Breed:_____	(M)_____	(F)_____
Breed:_____	(M)_____	(F)_____
Breed:_____	(M)_____	(F)_____
Breed:_____	(M)_____	(F)_____
Breed:_____	(M)_____	(F)_____
Breed:_____	(M)_____	(F)_____
Breed:_____	(M)_____	(F)_____
Breed:_____	(M)_____	(F)_____
Breed:_____	(M)_____	(F)_____
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:_____

Date of Last Municipal Inspection:(If applicable) _____

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 have read and understand the laws and rules in Chapter 701: RULES GOVERNING ANIMAL WELFARE and I understand that any violations of these rules or animal welfare laws will result in suspension of any licensing or permits issued by the Animal Welfare program or denial of future license renewals.

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

Name (Signature)

Name (Printed)

Date