



# MAINE DEPARTMENT OF AGRICULTURE FOOD AND RURAL RESOURCES



John E. Baldacci  
Governor

OFFICE OF THE COMMISSIONER  
**ANIMAL WELFARE PROGRAM**  
**28 STATE HOUSE STATION**  
**AUGUSTA, MAINE 04333-0028**

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## Breeding Kennel Application

Facility Name: \_\_\_\_\_ Sales Tax ID # \_\_\_\_\_

License Category and fee:

Category 1 (5-10 Females) \_\_\_\_\_ \$75.00

Category 2 (11-20 Females) \_\_\_\_\_ \$100.00

Category 3 (21 + Females) \_\_\_\_\_ \$150.00

Mailing Address: \_\_\_\_\_

Physical Location/directions: \_\_\_\_\_

Facility Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Owner Name: \_\_\_\_\_

First

MI

Last

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or 13 or a criminal violation under Title 17, chapter 42 or under a criminal law involving cruelty to animal that is no longer in effect or within 10 years previous to the application for the license, has been adjudicated of a civil violation for cruelty to animals under chapter 739 or has been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

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

## Breeding Kennel Supplemental Application

Total Number of Dogs/Cats: \_\_\_\_\_

Name of Breeds: \_\_\_\_\_

Number of adults per breed:

Breed: \_\_\_\_\_ (M) \_\_\_\_\_ (F) \_\_\_\_\_

Breed: \_\_\_\_\_ (M) \_\_\_\_\_ (F) \_\_\_\_\_

Breed: \_\_\_\_\_ (M) \_\_\_\_\_ (F) \_\_\_\_\_

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Breed: \_\_\_\_\_ (M) \_\_\_\_\_ (F) \_\_\_\_\_

Breed: \_\_\_\_\_ (M) \_\_\_\_\_ (F) \_\_\_\_\_

Breed: \_\_\_\_\_ (M) \_\_\_\_\_ (F) \_\_\_\_\_

Please describe the indoor facilities(Crates, pens, free-housing etc.): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Location of the whelping box/area, describe: \_\_\_\_\_

\_\_\_\_\_

Quarantine/Isolation area: \_\_\_\_\_

\_\_\_\_\_

Exercise Program: \_\_\_\_\_

\_\_\_\_\_

Describe your 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: \_\_\_\_\_

Veterinarian of record, Name, Address, Phone number: \_\_\_\_\_

\_\_\_\_\_

How long? \_\_\_\_\_

Describe the vaccination protocol for the puppies/kittens: \_\_\_\_\_

\_\_\_\_\_

For Adults, who administers the shots/medication: \_\_\_\_\_

Describe the vaccination protocol for the Adults: \_\_\_\_\_

\_\_\_\_\_

Have you owned or been involved with a breeding kennel in another location or State? \_\_\_\_\_

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

\_\_\_\_\_  
Date