



MAINE DEPARTMENT OF AGRICULTURE FOOD AND RURAL RESOURCES

John E. Baldacci
Governor

OFFICE OF THE COMMISSIONER
ANIMAL WELFARE PROGRAM
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Boarding Kennel Application

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/Directions: _____

Facility Phone: _____ Emergency Phone: _____

Hours and Days of operation: _____

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, 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or 13 or** a criminal violation under Title 17, chapter 42 or under a criminal law involving cruelty to animal that is no longer in effect or within **10** years previous to the application for the license, has been adjudicated of a civil violation for cruelty to animals under chapter 739 **or has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 of \$75.00. Check payable to Treasurer, State of Maine.**

What animals will your facility board? _____

Will you be offering overnight care/ daycare?

Please describe the 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 Date