



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 #: (Required if selling items such as dog food, pet care supplies) _____

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

Mailing Address: _____

Physical Location/directions: _____

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

Email: _____

Veterinarian of Reference: _____

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 #: _____

After Hours Contact Name & Phone Number: _____

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or 13 or a criminal violation under Title 17, chapter 42 or under a criminal law involving cruelty to animal that is no longer in effect or within 10 years previous to the application for the license, has been adjudicated of a civil violation for cruelty to animals under chapter 739 or has been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

Please describe the following:

What type of animals will your facility board? _____

Will you be offering overnight care/daycare? _____

Maximum Capacity: _____

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 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