



## ANIMAL SHELTER APPLICATION

A criminal background check is required by law. Please include **\$25.00 (per owner)** in addition to the **\$100.00 (license fee)**. Please make checks payable to Treasurer, State of Maine.

Facility Name: \_\_\_\_\_ Non Profit ID: \_\_\_\_\_

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 #: \_\_\_\_\_

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or 13 or a criminal violation under Title 17, chapter 42 or under a criminal law involving cruelty to animal that is no longer in effect or within 10 years previous to the application for the license, has been adjudicated of a civil violation for cruelty to animals under chapter 739 or has been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

Species of animals your facility will accept: \_\_\_\_\_

Shelter Capacity (available year-round only): Dog pens: \_\_\_\_\_ Cat Pens: \_\_\_\_\_

Reptiles: \_\_\_\_\_ Birds: \_\_\_\_\_ Small mammals: \_\_\_\_\_

**Large Animal Shelter Capacity:**

Horse stalls: \_\_\_\_\_

Three-sided run-in: \_\_\_\_\_

Cow stall/run-in: \_\_\_\_\_

Pig pen/shelter: \_\_\_\_\_

Poultry: \_\_\_\_\_

Other: \_\_\_\_\_

**Quarantine Area for New Arrivals**

Please describe your plan for isolating all new arrivals/placements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you have an area for rabies quarantine? \_\_\_\_\_

Will you accept owner surrender animals? \_\_\_\_\_

Will you accept stray animals? \_\_\_\_\_

From which municipalities will you contract if so? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach a copy of the shelter's adoption policy.**

**Pursuant to 7 § 3913. Procedure for stray dogs**

*2-B. Adoption policy. Beginning January 1, 2010, to be eligible for reimbursement under subsection 2-A, an animal shelter must have an adoption policy. An adoption policy must provide for a dog to be available for adoption for a minimum of 24 hours except as provided in subsection 6. [2009 NEW]*

All laws and rules are available for download at [www.maine.gov/dacf/ahw/animal\\_welfare/forms](http://www.maine.gov/dacf/ahw/animal_welfare/forms)

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 have read and understand the laws and rules in Chapter 216: RULES GOVERNING THE SALE OF DOGS AND CATS AND IMPORTATION OF DOGS AND CATS FOR RESALE OR ADOPTION 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.

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Name (Signature)

Name (Printed)

Date

*\* Inspections are performed Monday – Friday during normal business hours*

*If Euthanasia is performed, you must be certified with the Maine Department of Agriculture, Conservation and Forestry's Animal and Plant Health Division (207)287-3701*