



**STATE OF MAINE**  
**DEPARTMENT OF AGRICULTURE, CONSERVATION & FORESTRY**  
**ANIMAL WELFARE PROGRAM**  
 28 STATE HOUSE STATION  
 AUGUSTA, MAINE 04333

JANET T. MILLS  
 GOVERNOR

AMANDA E. BEAL  
 COMMISSIONER

## 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)	_____	<b>\$75.00 + 25.00 (background fee) = \$100.00</b>
Category 2	(11-20 Females)	_____	<b>\$100.00 + 25.00 (background fee) = \$125.00</b>
Category 3	(21 + Females)	_____	<b>\$150.00 + 25.00 (background fee) = \$175.00</b>

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

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

Facility Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Opening Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Hours of Operation (\*Required for inspection purposes): \_\_\_\_\_

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

First                      MI                      Last                      Maiden Name                      Nickname

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Co-Owner Name: \_\_\_\_\_

First                      MI                      Last                      Maiden Name                      Nickname

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**7 § 3935. License Prohibited**

The department may not issue a license to maintain a boarding kennel, breeding kennel, animal shelter 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 Class B offense, a violation under Title 17-A, chapter 9, 11, 12 or 13 or a criminal violation under Title 17, chapter 42, or under a

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criminal law involving cruelty to animals that is no longer in effect, or within 10 years previous to the application for the license, has been adjudicated of a civil violation for cruelty to animals under chapter 739 or has been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) \_\_\_\_\_

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

\_\_\_\_\_

Protocol for disease control (Deworming; Vaccination Products and Schedules): \_\_\_\_\_

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List products used for cleaning and disinfection: \_\_\_\_\_

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Describe your protocol for cleaning and disinfection: \_\_\_\_\_

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Location of records: \_\_\_\_\_

Name, address and phone number of Veterinarian: \_\_\_\_\_

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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? \_\_\_\_\_

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**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 (Signature)

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Date

