

**COMMONWEALTH OF PENNSYLVANIA
Bureau of Dog Law Enforcement**



KENNEL LICENSE CHANGE APPLICATION

CHANGE CATEGORY (i.e., Location, Class, Type)

Kennel applications must be either typed or printed and returned to the appropriate address indicated on the instruction sheet. Checks or money orders shall be made payable to the PA Department of Agriculture.

* **Location change ONLY – payment is N/A.**

* **For non-commercial kennels upgrading to a commercial kennel type – you must fill out a full application and mail it to the Bureau.**

Money Order #: _____ **Payment Amount:** _____
 Check #: _____ **Payment Amount:** _____

All information must be complete and incomplete applications will be returned. Each kennel license type and kennel location must have a separate application.

I. PART 1: Applicant Information

1. The information requested below must be supplied for every person who holds an ownership interest in the kennel.

Name of Kennel to Appear on Kennel License	Kennel License #	County
Kennel Address (physical location of kennel)		Twp./Borough
(street address, city, state, zip code)		
Location change previous kennel address:		Business Phone #

*** The information on this page must be filled out in full as it is used for background checks. ***

Kennel Owner(s) / Applicant(s): <i>(If a Corporation, Enter Corporate Name/Address)</i>	Date of Birth	Ownership Interest in Kennel (%)	Contact Information
Owner 1: (name and title / relationship to kennel operation) ----- Address (street address, city, state, zip code):			Telephone Number: () Fax Number: () E Mail Address:
Owner 2: (name and title / relationship to kennel operation) ----- Address (street address, city, state, zip code):			Telephone Number: () Fax Number: () E Mail Address:
Owner 3: (name and title / relationship to kennel operation) ----- Address (street address, city, state, zip code):			Telephone Number: () Fax Number: () E Mail Address:

*(Note): For Partnerships, Corporations, Limited Liability Companies, please attach a list of partners, officers and directors, or members as applicable with position held and address. Attach a separate sheet of Owners/Stockholders that own 10% or greater share of the business and indicate the number of shares for each stockholder.

2. Management - Enter the following information:

- (i) The names of all hired managers.
- (ii) If no managers, please mark N/A (not applicable).

Position	Name and Address of Individual	Date of Birth

*For Corporations, one manager(s) must be listed for each business location.

3. Designate an individual within Pennsylvania upon whom service of process (receive paperwork on behalf of the kennel/owner) may be made by the Bureau of Dog Law Enforcement (**may not be the dog warden**).

 (Contact Person) (Street Address) (City) (State) (Zip) (Phone)

II. PART 2: Kennel Type and Class – This section must be filled out completely

1. Provide a **detailed description of all buildings and locations** in or at which dogs are or will be kept or housed during the kennel year. (Please note: street address **will not be accepted**):

2. **NON-COMMERCIAL** - Exercise Plan: Boarding Kennels, Dealer Kennels, Humane Societies, SPCA's, Municipal Holding Pens, Service Dog Kennels, and Kennel Class I through VI license holders must develop and follow an appropriate plan to provide dogs with the opportunity for exercise. The plan shall be approved by a veterinarian.

Is the previously provided exercise plan still appropriate and applicable?

YES NO: must submit a new exercise plan.

3. **COMMERCIAL** – Written Program of Veterinary Care and Certification of Ventilation System: Commercial Kennel Class I through VI license holders must establish a written program of veterinary care, which shall include a physical examination and vaccination schedule, a protocol for disease control and prevention, pest and parasite control, nutrition and euthanasia. A written certification under the signature and seal of a professional engineer verifying the professional engineer has inspected the ventilation system to be certified, acknowledging familiarity with the requirements of the act and this chapter and certifying that the ventilation system of the kennel meets all of the standards and requirements of this section and §§ 28a.3 – 28a.6.

Is the previously provided exercise plan still appropriate and applicable?

YES NO: must submit a new program of veterinary care or certification of ventilation system.

NOTE 1: If upon inspection, you refuse entry to the listed locations, such refusal shall be considered a refusal of access under section 220(a) of the Dog Law (3 P.S. § 459-220(a)). **NOTE 2:** If at the time of an inspection dogs are kept or housed in buildings or locations not set forth above, the Department reserves the right to consider the failure to list that location above to be a material misrepresentation. **NOTE 3:** If you have dogs or puppies that will be sold after the date of this application, or you obtain additional dogs, your total number of dogs sold/kept for the current year may be greater than the number you wrote today. Please keep that in mind when applying for next year's kennel license.

Please consult the Instruction Sheet for information on kennel types and classes.

2. Please indicate the appropriate Kennel Type and Class for which you are applying:

a. KENNEL CLASS – Must check a type below (kennel, private, pet shop, rescue network, research)

<input type="checkbox"/> \$100 – K I: 50 dogs of any age or less per year	<input type="checkbox"/> \$500 – K IV: 151 to 250 dogs of any age per year
<input type="checkbox"/> \$250 – K II: 51 to 100 dogs of any age per year	<input type="checkbox"/> \$625 – K V: 251 to 500 dogs of any age per year
<input type="checkbox"/> \$375 – K III: 101 to 150 dogs of any age per year	<input type="checkbox"/> \$950 – K VI: over 500 dogs of any age per year
Type: <input type="checkbox"/> Kennel <input type="checkbox"/> Private Kennel (i.e. hunting/dog shows/field trials, etc.) <input type="checkbox"/> Pet Shop Kennel <input type="checkbox"/> Research Kennel <input type="checkbox"/> Rescue Network Kennel	

b. COMMERCIAL KENNEL CLASS

<input type="checkbox"/> \$100 – CK I: 50 dogs of any age or less per year	<input type="checkbox"/> \$500 – CK IV: 151 to 250 dogs of any age per year
<input type="checkbox"/> \$250 – CK II: 51 to 100 dogs of any age per year	<input type="checkbox"/> \$625 – CK V: 251 to 500 dogs of any age per year
<input type="checkbox"/> \$375 – CK III: 101 to 150 dogs of any age per year	<input type="checkbox"/> \$950 – CK VI: over 500 dogs of any age per year

c. BOARDING KENNEL CLASS

<input type="checkbox"/> \$125 – BK I: 1 to 10 dogs of any age at any one time	<input type="checkbox"/> \$325 – BK III: 26 dogs or more, any age at any one time
<input type="checkbox"/> \$200 – BK II: 11 to 25 dogs of any age at any one time	

d. DEALER KENNEL CLASS

<input type="checkbox"/> \$100 – DK I: 50 dogs of any age or less per year	<input type="checkbox"/> \$500 – DK IV: 151 to 250 dogs of any age per year
<input type="checkbox"/> \$250 – DK II: 51 to 100 dogs of any age per year	<input type="checkbox"/> \$625 – DK V: 251 to 500 dogs of any age per year
<input type="checkbox"/> \$375 – DK III: 101 to 150 dogs of any age per year	<input type="checkbox"/> \$950 – DK VI: over 500 dogs of any age per year

e. HUMANE SOCIETY, ASSOCIATION FOR THE PREVENTION OF CRUELTY TO ANIMALS, MUNICIPAL HOLDING PEN, OR SERVICE DOG KENNEL – Must check a type below.

<input type="checkbox"/> \$35
Type: <input type="checkbox"/> Humane Society <input type="checkbox"/> SPCA <input type="checkbox"/> Municipal Holding Pen <input type="checkbox"/> Service Dog Kennel

Applicant Verification, Certification and Acknowledgment

(All Applicants Previously Listed Must Sign Below)

The applicant(s) verifies to the Commonwealth of Pennsylvania, Department of Agriculture, Bureau of Dog Law Enforcement, that:

1. The information contained herein and in all attachments and supporting material is true and correct, the filing of the Kennel License Application has been duly authorized by the applicant(s), and the Board of Directors thereof if a corporation, and the undersigned(s) has/have authority to execute this Kennel License Application on behalf of the applicant(s). The applicant(s) affirm(s) the information set forth in this Kennel License application form is true and correct to the best of his/her knowledge, information and belief and makes these statements subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.
2. All information provided herein and in all attachments and supporting documents are material to this Kennel License Application and the licensing decision of the Commonwealth of Pennsylvania, Department of Agriculture, Bureau of Dog Law Enforcement. By executing this application, applicant(s) acknowledge and agree that all misrepresentations are and will be considered material misrepresentations and misstatements under the provisions of the Dog Law, at 3 P.S. § 211(a)(1).

Signature instructions: Please sign below in the space provided applicable to your status as an applicant. All persons with an ownership interest in the kennel are applicants and must sign. If applicant is one of several persons with an ownership interest in the kennel, look for the listing below for the type of entity in which applicant possesses an ownership interest and sign there.

1. Check one of the following indicating the structure of the organization for which the license is requested:

- Corporation Partnership LLC Municipal
 S Corporation Individual/Sole Proprietor Other – Explain _____

Individual / Sole Proprietor: _____ Signature _____ Legibly Print Name _____ Date	Partnership: _____ Signature – General Partner _____ Legibly Print Name _____ Date		_____ Signature – General Partner _____ Legibly Print Name _____ Date
Corporation / S Corporation: _____ Name of Corporation _____ Signature of President / VP (circle which) Date _____ Legibly Print Name _____ Signature of Secretary / Treasurer (circle which) Date _____ Legibly Print Name	Municipal: _____ Name of Municipality _____ Signature of Municipal Manager Date _____ Legibly Print Name _____ Signature of Animal Control Officer Date _____ Legibly Print Name		
Limited Liability Company (LLC): _____ Name of Corporation _____ Signature – Member Date _____ Legibly Print Name _____ Signature – Member Date _____ Legibly Print Name			