

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



**2018 KENNEL LICENSE APPLICATION**

<input type="checkbox"/> <b>RENEWAL OF PRIOR YEAR LICENSE</b>
<b>LICENSE #</b>
<b>2017 License Year Class/Type:</b>
<input type="checkbox"/> <b>LICENSE CHANGE (i.e., Location, Class)</b>
<input type="checkbox"/> <b>NEW KENNEL LICENSE</b>

**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.**

**Money Order:**     Yes     No

**Check #:** \_\_\_\_\_                      **Payment Amount:** \_\_\_\_\_

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

**I. PART 1: *Applicant Information***

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

<b>Name of Kennel to Appear on Kennel License</b>	<b>Kennel License #</b>	<b>County</b>
<b>Kennel Address (physical location of kennel)</b>		<b>Twp./Borough</b>
(street address, city, state, zip code)		
<input type="checkbox"/> Please check box if mailing address is different than above.		<b>Business Phone #</b>
List mailing address here:		



4. Do you have a person who does or will own a financial interest in the kennel operation or participate in the management of the kennel who has been convicted (convicted includes a guilty plea or no contest plea) of a violation of 18 Pa.C.S. § 5511 (relating to cruelty to animals) or of substantially similar conduct pursuant to an animal cruelty law of another state or Commonwealth?  No  Yes

If "Yes" list the name of the individual(s) by name and address and the role they will play in the kennel: \_\_\_\_\_.

## II. PART 2: *Eligibility Criteria*

**For purposes of this Kennel License Application – "You" – means any person holding an ownership interest in the kennel.**

### 1. Use of Out of State Dealers (excludes boarding kennels).

- a. I hereby certify that I have reviewed the attached list of PA licensed out-of-state dealers.  Yes
- b. Are you accepting, receiving, buying, bartering and/or exchanging dog(s) with any out-of-state dealer not set forth on the list?  
 No  Yes
- c. If "Yes" list the name(s) and address(s) of the out-of-state dealer(s) with whom business has been transacted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Kennels wanting to conduct business with any out-of-state dealer not shown on the list must first obtain written approval from the department.

2. Do you have a person who does or will play a role in caring for the dogs in the kennel, who has been convicted (convicted includes a guilty plea or no contest plea) of a violation of 18 Pa.C.S. § 5511 (relating to cruelty to animals) or of substantially similar conduct pursuant to an animal cruelty law of another state or Commonwealth? A role includes management of the kennel or participation in caring for the dogs in the kennel.  No  Yes

If "Yes" list the name of the individual(s) by name and address and the role they will play in the kennel: \_\_\_\_\_.

3. Have you ever been convicted (convicted includes guilty plea or no contest plea) of a violation of 18 Pa.C.S. § 5511 (relating to cruelty to animals) or of substantially similar conduct pursuant to an animal cruelty law of another state or Commonwealth?  No  Yes

If you answered "Yes," provide the following additional information for each such person.

Name of person: \_\_\_\_\_

- a. Total number of convictions: \_\_\_\_\_
- b. For each charge on which convicted, individually set forth the court, county and state of the conviction and court docket number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- c. For any Convictions that occurred more than 10 years prior to the filing of this Kennel License Application, provide any information you wish the Department to consider as evidence you have been rehabilitated and that the granting of the kennel license will not jeopardize the health, safety and welfare of the dogs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Have you ever been convicted (convicted includes a guilty plea or no contest plea) of a felony?  
 No     Yes

If you answered "Yes," provide the following additional information.

- a. Total number of convictions \_\_\_\_\_  
b. For each charge on which convicted, individually set forth the court, county and state of the conviction and court docket number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Within 10 years prior to the filing of this Kennel License Application have you:

- a. Been found to have violated Section 9.3 of Act of December 17, 1968 (P.L. 1224, No. 387) known as the "Unfair Trade Practices and Consumer Protection Law" (otherwise known or referred to as the "Puppy Lemon Law")?     No     Yes  
b. Been required to cease and desist from operating a kennel or owning, selling or caring for dogs or both?     No     Yes  
c. Entered into an agreement with the Pennsylvania Office of Attorney General which requires or required you to cease and desist from operating a kennel or owning, selling or caring for dogs, or both?     No     Yes

If you answered "Yes" to any of the above, for each such instance provide the date legal action or agreement was filed or consented to, the court in which the proceedings were initiated, the court's docket number, the prosecuting authority bringing the charge, citation or with whom the agreement was reached: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Is the location of the kennel for which the license is sought subject to a final, binding order, which is not subject to a pending legal challenge, declaring the kennel is not a permitted use under the applicable zoning ordinance?     No     Yes  
7. Do you own the property for which the kennel license is being sought?     No     Yes

If you answered "Yes" to the above, please write full name as it appears on the deed.

\_\_\_\_\_

- If you answered "No" to the above, is there a lease agreement? (**a copy of the lease agreement must be attached**)     No     Yes

8. Are there any existing kennels already licensed on the premises?  No  Yes

If you answered "Yes" to the above, list the name & license number of the existing license:

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9. Have you ever been found to have violated the Act of December 15, 1986 (P.L. 1610, No. 181), known as the "Rabies Prevention and Control in Domestic Animals and Wildlife Act"? (3 P.S. § 455.8)  No  Yes

10. Have you had a kennel license, dealer license or out-of-state dealer license refused or revoked within the past ten years?  No  Yes

If you answered "Yes," set forth the Type of License and the year revoked or refused.

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**11. Non-Commercial Kennels (Including Boarding, Rescue Networks, Pet Shops, Private Breeding, and Dealers):**

- a. Rescue Network Kennels or Kennels including Shelters utilizing off-site homes to temporarily or permanently house dogs shall complete the Rescue Network Kennel Attachment to this application. Kennels adding or removing Rescue Network Kennel Homes during the course of the year will have 7 days to notify the Bureau of Dog Law Enforcement of the change.
- b. Exercise Plan: Boarding Kennels, Nonprofit 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.
- i. **New Kennel Applicants**: You must submit with this 2018 license application an Exercise Plan approved by a veterinarian. *A sample form for your use in doing so is attached.*
- ii. **Renewal License Applicants**: Does the exercise plan for your kennel previously submitted to the Bureau of Dog Law Enforcement accurately reflect the current structure(s), fencing, frequency and type of exercise provided within the kennel facility?  
 No  Yes  
If "No" you must submit along with this application a revised Exercise Plan approved by a veterinarian. *A sample form for your use in doing so is attached.*

**12. Commercial Kennels (CK Class Kennels Only):**

- a. Exercise Plan for Nursing Mothers: Commercial Kennels shall provide and adhere to an Exercise Plan for Nursing Mothers. You must submit with this 2018 license application an Exercise Plan for Nursing Mothers. *A sample form for your use in doing so is attached.*
- b. Written Program of Veterinary Care: The kennel in which the primary enclosure is located shall 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 copy of the program shall be kept in the kennel records.
- i. **New Kennel Applicants**: You must submit with this 2018 license application a written program of veterinary care approved by a veterinarian and a written certification completed by a professional engineer.
- ii. **Renewal License Applicants**: Does the written program of veterinary care for your kennel previously submitted to the Bureau of Dog Law Enforcement accurately reflect the current program?  
 No  Yes  
If "No" you must submit along with this application a revised written program of veterinary care.

### III. PART 3: *Kennel Type and Class*

1. Total number of kennel dogs.
  - a. **Total number of dogs kept** (includes breeding dogs, house dogs, farm dogs, show dogs, field training dogs, stud dogs, strays, and dogs boarding) on the premises during the 2017 license year: \_\_\_\_\_
  - b. **Total number of dogs sold or adopted** during the 2017 license year: \_\_\_\_\_
2. Provide a **detailed description of all buildings and locations** in or at which dogs are or will be kept or housed during the 2018 kennel year. (Please note: street address will **not** be accepted):  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 below, the Department reserves the right to consider the failure to list that location below to be a material misrepresentation.

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

3. 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"/> \$75 – K I: 50 dogs of any age or less per year	<input type="checkbox"/> \$400 – K IV: 151 to 250 dogs of any age per year
<input type="checkbox"/> \$200 – K II: 51 to 100 dogs of any age per year	<input type="checkbox"/> \$500 – K V: 251 to 500 dogs of any age per year
<input type="checkbox"/> \$300 – K III: 101 to 150 dogs of any age per year	<input type="checkbox"/> \$750 – K VI: over 500 dogs of any age per year
<b>Type:</b> <input type="checkbox"/> Kennel <input type="checkbox"/> Private Kennel <input type="checkbox"/> Pet Shop Kennel	
<input type="checkbox"/> Research Kennel <input type="checkbox"/> Rescue Network Kennel	

**b. COMMERCIAL KENNEL CLASS**

<input type="checkbox"/> \$75 – CK I: 50 dogs of any age or less per year	<input type="checkbox"/> \$400 – CK IV: 151 to 250 dogs of any age per year
<input type="checkbox"/> \$200 – CK II: 51 to 100 dogs of any age per year	<input type="checkbox"/> \$500 – CK V: 251 to 500 dogs of any age per year
<input type="checkbox"/> \$300 – CK III: 101 to 150 dogs of any age per year	<input type="checkbox"/> \$750 – CK VI: over 500 dogs of any age per year

**c. BOARDING KENNEL CLASS**

<input type="checkbox"/> \$100 – B I: 1 to 10 dogs of any age at any one time	<input type="checkbox"/> \$150 – B II: 11 to 25 dogs of any age at any one time
<input type="checkbox"/> \$250 – B III: 26 dogs or more, any age at any one time	

**d. DEALER KENNEL CLASS**

<input type="checkbox"/> \$75 – DK I: 50 dogs of any age or less per year	<input type="checkbox"/> \$400 – DK IV: 151 to 250 dogs of any age per year
<input type="checkbox"/> \$200 – DK II: 51 to 100 dogs of any age per year	<input type="checkbox"/> \$500 – DK V: 251 to 500 dogs of any age per year
<input type="checkbox"/> \$300 – DK III: 101 to 150 dogs of any age per year	<input type="checkbox"/> \$750 – DK VI: over 500 dogs of any age per year

**e. NON-PROFIT CLASS** – Must check a type below (humane society, SPCA, rescue network, animal control, research, other)

<input type="checkbox"/> \$25 – NP: 26 or more dogs of any age per year
<b>Type:</b> <input type="checkbox"/> Humane Society <input type="checkbox"/> SPCA <input type="checkbox"/> Rescue Network Kennel
<input type="checkbox"/> Municipal Animal Control <input type="checkbox"/> Research Kennel <input type="checkbox"/> Other _____



**KENNEL RENEWAL / CHANGE APPLICATION**  
**ATTACHMENT A**  
**RESCUE NETWORK KENNEL**

**Set forth the number of Rescue Network Kennel Homes or Off-Site Homes (herein referred to as "Homes[s]) you are utilizing: \_\_\_\_\_.**

Please provide a current list of Rescue Network Kennel Homes utilized by your kennel to house dogs:

• Name(s): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number where owner can be reached during business hours: (\_\_\_\_)\_\_\_\_\_

Cumulative number of dogs housed, kept, harbored, boarded, sheltered, sold, given away and transferred annually by or through the Home set forth above: \_\_\_\_\_

• Name(s): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number where owner can be reached during business hours: (\_\_\_\_)\_\_\_\_\_

Cumulative number of dogs housed, kept, harbored, boarded, sheltered, sold, given away and transferred annually by or through the Home set forth above: \_\_\_\_\_

• Name(s): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number where owner can be reached during business hours: (\_\_\_\_)\_\_\_\_\_

Cumulative number of dogs housed, kept, harbored, boarded, sheltered, sold, given away and transferred annually by or through the Home set forth above: \_\_\_\_\_

• Name(s): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Number where owner can be reached during business hours: (\_\_\_\_)\_\_\_\_\_

Cumulative number of dogs housed, kept, harbored, boarded, sheltered, sold, given away and transferred annually by or through the Home set forth above: \_\_\_\_\_