



APPLICATION FOR DOG BREEDER PERMIT

Year 20 _____

Date: _____

Please check one:

- _____ Initial application
- _____ Renewal application

APPLICANT'S INFORMATION

Name (Last, First, Middle): _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Telephone: Home: _____ Work: _____

Email address: _____

Date of Birth _____
Month/Date/Year

Social Security #: _____

Occupation: _____

Present Employer: _____

Employer's address: _____

Please answer all the questions below (circle one).

1. Are you a commercial dog breeder? No or Yes if yes, please provide
Company Name or DBA _____
2. Have you ever had to euthanize an animal (dog or cat)? Yes or No
If yes, explain: _____

3. Check applicable residence:
_____ Single family residence _____ Apartment _____ Other, specify: _____
4. Your residence is Own or Rent
5. Type of neighborhood: Urban or Rural
6. Does your home have a fenced yard? Yes or No
Fence: Type _____ Height: _____
7. Are you planning on relocating in the future? Yes or No
If yes, when are you planning to move? _____
What plans have you made for the dog(s) during the move and afterwards?



8. Have you ever used another name? Yes or No
9. Have you ever been convicted of a felony or misdemeanor? Yes or No
If yes, explain (location, date and nature of the offense): _____

10. Have you ever been on any form of parole, probation or deferred adjudication? Yes or No
If yes, identify what, when and how long: _____

11. Have you ever received any citation or warning notice for any animal related violation within the last 12 months? Yes or No
If yes, what was the violation? _____
What was the case outcome? _____

12. Have you ever had any animal seized and been subpoenaed to appear in an animal cruelty hearing? Yes or No
If yes, explain:

13. Have you ever been charged or convicted of animal cruelty? Yes or No
If yes, explain: _____

14. If you are no longer able to care for an animal, who would take over the care? _____

15. Other Adult Household Members:
Name: _____ Age: _____ Occupation: _____
Name: _____ Age: _____ Occupation: _____

16. Current Veterinarian name: _____
Address: _____
Phone Number: _____ Fax Number: _____

17. I, _____, hereby authorize the Veterinarian named above to release any information and records concerning my past or present care of animals to whomever may present this application in person, by mail, or by fax and I do hereby agree to hold harmless and indemnify said Clinic/Veterinarian for providing such information.

Signature Date

