



STATE OF MISSOURI
 DEPARTMENT OF AGRICULTURE
 DIVISION OF ANIMAL HEALTH
ANIMAL CARE FACILITIES ACT PROGRAM
LICENSE/REGISTRATION APPLICATION

INSTRUCTIONS: Complete applicable sections of this form and return it with appropriate fee(s) (\$100.00 initial fee) made payable to Animal Care Reserve Fund. Mail to ACFA Program, Division of Animal Health, P.O. Box 630, Jefferson City, MO 65102-0630. Direct questions regarding this application to ACFA Program at 573/751-3076.

SECTION A

I hereby apply for a LICENSE/REGISTRATION as ONE of the following designated businesses in accordance with the "Animal Care Facilities Act." (Check applicable category according to the definitions in the enclosed LAW and REGULATIONS.)

<input type="checkbox"/> ANIMAL SHELTER	<input type="checkbox"/> COMMERCIAL KENNEL	<input type="checkbox"/> HOBBY/SHOW LICENSED (NON-COMMERCIAL BREEDER) (MORE THAN TEN INTACT FEMALES)	<input type="checkbox"/> EXEMPT (Complete only Sections A & E)
<input type="checkbox"/> BOARDING KENNEL	<input type="checkbox"/> CONTRACT KENNEL	<input type="checkbox"/> INTERMEDIATE HANDLER	
<input type="checkbox"/> CARRIER	<input type="checkbox"/> DEALER/BROKER	<input type="checkbox"/> PET SHOP	<input type="checkbox"/> HOBBY/SHOW REGISTERED (Complete only Sections A & D)
<input type="checkbox"/> COMMERCIAL BREEDER/ LISTING SERVICE	<input type="checkbox"/> EXHIBITOR	<input type="checkbox"/> PET SITTERS	
	<input type="checkbox"/> RESCUE	<input type="checkbox"/> POUND/DOG POUND	

ALL OF THE ABOVE MUST COMPLETE SECTIONS A, B & C

FACILITY NAME		FACILITY PHYSICAL ADDRESS/MAILING ADDRESS		
---------------	--	---	--	--

CITY	COUNTY	STATE	ZIP	BUSINESS TELEPHONE ()
------	--------	-------	-----	---------------------------

OWNER'S/AUTHORIZED REPRESENTATIVE NAME		ADDRESS		
--	--	---------	--	--

CITY	COUNTY	STATE	ZIP	HOME TELEPHONE ()
------	--------	-------	-----	-----------------------

IF PARTNERSHIP OR CORPORATION, LIST ALL PARTIES AND TITLES. ALSO LIST ANY PERSONS AUTHORIZED TO REPRESENT OR ACT ON BEHALF OF THE ABOVE NAMED OPERATION. ATTACH ADDITIONAL SHEETS IF NECESSARY.

HAS YOUR FACILITY GONE OUT OF BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	EFFECTIVE DATE	EMAIL ADDRESS
---	----------------	---------------

MAXIMUM NUMBER OF INTACT ANIMALS (SEE DEFINITION) ON HAND DURING YEAR

_____ FEMALE DOGS _____ MALE DOGS _____ FEMALE CATS _____ MALE CATS

DO YOU OPERATE OR HAVE AN INTEREST IN, FINANCIAL OR OTHERWISE, ANY BUSINESS, OPERATION OR FACILITY INVOLVING DOGS OR CATS AT ANY OTHER LOCATION(S)?

YES NO IF YES, ATTACH ADDITIONAL SHEET AND EXPLAIN FULLY.

LICENSED BY USDA-REAC? <input type="checkbox"/> YES <input type="checkbox"/> NO	USDA LICENSE NUMBER AND ID NUMBER	OPERATION INVOLVES <input type="checkbox"/> DOGS <input type="checkbox"/> CATS <input type="checkbox"/> BOTH
--	-----------------------------------	---

SECTION B

ATTENDING VETERINARIAN PROVIDING SERVICE TO OPERATION AS REQUIRED BY 2 CSR 30-9

DOCTOR AND CLINIC NAME		CLINIC ADDRESS		
------------------------	--	----------------	--	--

CITY	COUNTY	STATE	ZIP	CLINIC TELEPHONE ()
------	--------	-------	-----	-------------------------

SECTION C

I certify that I have a copy of the Animal Care Facilities Act Law and the Rules and Regulations of 2 CSR 30-9. I agree to comply with all provisions of the Animal Care Facilities Act Law and the rules and regulations promulgated thereunder. Appropriate fee(s) is enclosed with this application. I certify the information on this application is true and correct to the best of my knowledge and belief.

SIGNATURE OF OWNER/AUTHORIZED REPRESENTATIVE (REQUIRED BEFORE LICENSE CAN BE ISSUED)	DATE
--	------

SECTION D: HOBBY OR SHOW BREEDER CERTIFICATION**DEFINITION**

273.325 (13) "Hobby or show breeder," a noncommercial breeder who breeds dogs or cats with the primary purpose of exhibiting or showing dogs or cats, improving the breed or selling the dogs or cats, and having no more than ten intact females. Such breeder shall be classified as a hobby or show breeder if such person only sells animals to other breeders or to individuals.

REGISTRATION REQUIRED ANNUALLY

273.342 2. A hobby or show breeder shall be exempt from the licensure and inspection requirements of sections 273.325 to 273.357. The director shall develop a form for registration of persons who meet the definition of hobby or show breeder, and any such hobby or show breeder shall register annually with the director for the purpose of establishing that such person is a hobby or show breeder at no cost to said hobby or show breeder.

CERTIFICATION FOR ESTABLISHING HOBBY OR SHOW BREEDER STATUS FOR THE YEAR _____ .

I certify that I have ten (10) or less intact females.

LEGAL AGE DEFINITION OF INTACT FEMALE

DOGS: Between six (6) months and ten (10) years of age.

CATS: Between six (6) months and eight (8) years of age.

I understand that if I have more than ten intact females at any time during the year or if I sell to brokers, dealers and/or pet shops, I do not qualify as a registered hobby or show breeder.

HAS YOUR FACILITY GONE OUT OF BUSINESS	EFFECTIVE DATE
PRINT OR TYPE NAME	
KENNEL NAME	
ADDRESS	
CITY, STATE, ZIP	

SECTION E: LICENSE EXEMPTION**REQUIREMENTS FOR EXEMPTION**

273.342 1. Persons engaged in breeding dogs and cats who harbor three or less intact females shall be exempt from the provisions of sections 273.325 to 273.357.

These persons may sell the offspring of these three or less intact females to anyone as they are exempt from the law. If these persons sell animals from any other source, they may be considered dealers and may not be exempt.

CERTIFICATION

I certify that I maintain three or less intact females, as defined by the Animal Care Facilities Act, and sell only the offspring from these females. I do not sell dogs or cats from any other source and am not engaged in any other business or activity for which a license is required under the Act.

SIGNATURE	DATE
PRINT OR TYPE NAME	
KENNEL NAME	
ADDRESS	
CITY, STATE, ZIP	