

STATE OF KANSAS

KANSAS ANIMAL HEALTH DEPARTMENT

708 SW Jackson Topeka, KS 66603
Phone (785) 296-2326 FAX (785) 296-1765
www.kansas.gov/kahd

CREDIT CARDS: DISCOVER
RENEWAL DUE BY: JUNE 30, 2009

Renewal Application
New Application

2009-2010 Application for Kansas Foster Home Shelter License - \$10.00

NOTE: Foster licensees MAY ONLY foster animals obtained from the sponsoring shelter(s).

FEE MUST BE INCLUDED WITH APPLICATION - There is a returned check fee of \$30.00 for checks which are dishonored and returned unpaid to the KAHD for any reason.

County:

What animal shelter/pound or rescue/group home are you fostering for?

Do you foster for more than one organization? Yes If so, who? No

Applicant's Name:

Applicant's Mailing Address: City & Zip:

Premise Physical Address (NOT PO Box) City & Zip:

Home Phone: Fax Number:

Cell Phone: Work Phone:

Usual hours at home between 7:00am to 7:00pm Monday through Friday:

Directions to house:

What species of animals do you foster: Dog Cat Ferrets Birds Other

Total number of dogs/cats presently housed on this premise (no matter who owns them): dogs, of which are neutered/spayed cats, of which are neutered/spayed. How many of these are owned by you?

List other species on premise:

Number of animals you anticipate fostering: puppies dogs kittens cats.

Have you ever been convicted of any crime relating to theft or cruelty to animals? Yes No

If "yes", please explain:

Web-site address: Email Address:

I understand that Kansas law permits that a foster home shelter be inspected at least twice a year and upon complaint. I hereby consent to inspections by the Kansas Animal Health Department. I understand and agree that by signing this form I am required to provide to the animals in my custody adequate veterinary care as defined in K.S.A. 47-1701 (dd)(1). I understand and agree that in order to verify my compliance with this requirement, authorized representatives of the Kansas Animal Health Department may contact my veterinarian and request written verification, including medical records, reflecting adequate veterinary care treatment of the animals in my custody. I understand that a willful disregard of any provision of the Kansas Pet Animal Act or of any regulations adopted thereunder may subject the licensee to suspension or revocation of the license and/or fine of up to \$1000 per violation and/or criminal penalties. I understand that a material misstatement in this application form may be grounds for denial, suspension or revocation of this license.

The information contained within this application is true and correct to the best of my knowledge.

Signature of Foster Home Applicant

Date

Social Security # Furnishing your social security number is voluntary. This request is pursuant to K.S.A. 74 -139. The information shall be used to provide your name, address and social security number to the director of taxation upon his request.

I certify that the individual listed above has been approved by this Kansas licensed Shelter or Pound, Group Home, Rescue Home as a foster caretaker. The information contained within this application is true and correct to the best of my knowledge.

Signature of Shelter Manager or Authorized Representative

Date

Printed or Typed Name of Shelter Manager or Authorized Rep.

Complete Shelter Name (Please Print)

License Year July 1, 2009 to June 30, 2010

TO BE COMPLETED BY KAHD STAFF ONLY

License #: FC Inspector Date Entered: Entered by:

Payment Type: DISCOVER CASH CHECK NO: Amount: