



**Maricopa County
Animal Care And Control**
2500 South 27th Avenue
Phoenix, AZ 85009
(602) 506-7387 Tele.
(602) 506-2739 Fax

KENNEL PERMIT APPLICATION

New **Renewal Permit #** _____

Name: _____

Kennel Name: _____

Mailing Address: _____

Kennel Location: _____

City _____ ZIP _____

County Supervisorial District _____

Home Phone: _____

Kennel Phone: _____

Please complete and sign this application and return it to the above address with payment in the amount of three hundred twenty eight dollars (\$328.00) within ten (10) days of receipt.

Pursuant to Arizona statute and county ordinance, a person must obtain a kennel permit issued by the Board of Supervisors if the person operates a kennel in which there are five or more dogs which are not individually licensed. A.R.S. §11-1009(A). A kennel is defined as “an enclosed, controlled area, inaccessible to other animals, in which a person keeps, harbors or maintains five or more dogs under controlled conditions.” A.R.S. § 11-1001(8).

An appointment will be scheduled for inspection of the kennel premises by an Animal Control Officer upon receipt of this kennel permit application and fee. This kennel application properly executed and a copy of the inspection report will then be forwarded to, and must be approved by, the Maricopa County Board of Supervisors. The kennel permit form will be sent to you after approval and will be valid for one year from the date of the Board’s approval.

NOTE: Failure to show for a scheduled inspection and/or failure of inspection will warrant a Subsequent Inspection Return fee of \$49 for each additional visit . Failure of inspection may result in denial of the kennel permit and require individual licensing of each dog under the provisions of A.R.S. §11-1008.

PLEASE ANSWER THE FOLLOWING QUESTIONS AND INITIAL EACH RESPONSE

1. _____ I/We assume complete responsibility for the kennel at the premises for which I/we are making application for a permit and understand that “kennel” means an enclosed, controlled area, inaccessible to other animals, in which a person keeps, harbors or maintains five or more dogs under controlled conditions (ARS 11-1001).
2. _____ I/We certify that I/We have _____ dogs and that the kennel meets the definition in statute.
3. _____ I/We certify that I/We have not been convicted of a violation of A.R.S. §§ 13-2910 (cruelty to animals) or 13-2910.01 (dog fighting), or similar violations of any other state, county or municipal animal welfare law. (Violations of license and leash laws DO NOT apply).
4. _____ I/We certify that all dogs over the age of three (3) months that are kept, harbored or maintained on the premises of the above named kennel have been properly vaccinated against rabies by a veterinarian licensed to

practice in the state of Arizona and that a current vaccination certificate signed by a licensed veterinarian is maintained on the premises for each dog.

5. _____ I /We certify that I/We are submitting a valid **copy of the rabies vaccination certificate for each dog with this application.**

6. _____ I/We understand that a dog remaining within the kennel is not required to be licensed individually under A.R.S. § 11-1008. I/we also understand that a dog leaving the controlled kennel conditions shall be licensed under A.R.S. § 11-1008 except if the dog is only being transported to another kennel which has a permit issued under this section.

7. _____ I/We understand that a person who fails to obtain a kennel permit under A.R.S. § 11-1009 is subject to a penalty of twenty-five dollars in addition to the annual fee.

8. _____ I/We understand that a person who knowingly fails to obtain a kennel permit within thirty days after written notification from the county enforcement agent is guilty of a class 2 misdemeanor..

9. _____ The undersigned understand that that the kennel permit does not authorize the operation of any type of business and is solely used for the purpose of licensing multiple dogs.

I/We certify that all of the information I/We have provided is true and accurate under penalty of law.

Applicant Signature _____ Date: _____

Applicant Signature _____ Date: _____

For Official Use Only:

Copies of Valid Rabies Vaccination Certificates for each dog attached _____

Copy of Person's Valid Identification Attached _____

Type of Identification submitted _____

BOS Approval Date _____

Term of Permit _____