

**ANACONDA-DEER LODGE COUNTY, MONTANA
APPLICATION FOR KENNEL LICENSE**

The undersigned Applicant hereby applies to Anaconda-Deer Lodge County, Montana, to be licensed to operate a dog kennel with the boundaries of Anaconda-Deer Lodge County, Montana, and offers the following information in support of this Application. Additionally, the undersigned hereby authorizes to make the necessary inspections in order to process this Application. ALL DOGS REQUIRED TO HAVE CURRENT ADLC DOG LICENSES.

Applicant(s) name: _____

Applicant(s) address: _____

Applicant(s) phone number: _____

Address of proposed kennel: _____

Number of animals to be kenneled: _____

Period of time to be kenneled: _____

Is the kennel fenced? Yes _____ No _____

Is the kennel floor concrete? Yes _____ No _____

Does the proposed kennel have a fenced run area? Yes _____ No _____

What is the size in square feet of the proposed kennel area? _____

Who is your Veterinarian? (include address & phone number) _____

Who will supervise the kennel area? _____

What hours will the kennel be operated? _____

What hours will the kennel be supervised? _____

Applicant(s) Signature

Dated this _____ day of _____, 20_____.

Witness:

This page is for County Purposes only.

I have personally reviewed the applicants animal control history and application for this Kennel License and I
 recommend do not recommend that the applicant receive the license.

Date: _____
ADLC Animal Control Officer

Date of Inspection: _____



I have personally inspected the kennel area of the person(s) applying for this Kennel License and I
 recommend do not recommend that the applicant receive the license.

Date: _____
ADLC Sanitarian

Date of Inspection: _____



I hereby approved do not approve the kennel license for the above-captioned applicant(s).

ADLC Chief Executive

Date: _____

cc: Treasurer
 Planning Office