



AH-038 (rev. 2/19)
Michigan Department of Agriculture & Rural Development
 P.O. Box 30776, Lansing, MI 48909-8276
 Phone: 517- 284-5771 Fax: 517-241-1560
 Email: breedingkennels@michigan.gov
 In accordance with Act 287, PA 1969 as amended

Large Scale Dog Breeding Kennel Registration Application

Registration Year Ending December 31, _____	New	Renewal;	Registration No. _____
Kennel Registration No Longer Needed as of: _____ (date)			

Kennel Business/Individual Information	
Kennel Business/Individual Name:	
Kennel Business/Individual (Physical) Address:	
City:	State: MI
County:	Zip code:
Business Phone: - -	Business Fax: - -
Business Email:	Business Website:

BLANK SPACE
For Official Use Only

Mailing address if different from above: <i>(Street or P.O. Box)</i> :			
City:	State:	County:	Zip code:
Number of female intact dogs housed or kept for the purpose of breeding:			

Corporate/Owner/Information		<i>(an assumed name certificate must accompany this application if applicable*)</i>	
Ownership Type:	Corporation	Sole Ownership*	L.L.C. Partnership Other; specify _____
Corporation/LLC/Partnership Name:			
Owner/President/CEO Name:			Title:
Street Address of Corporation/Owner:			
City:	State:	County:	Zip code:
Phone: - -	Fax: - -	Email:	
Emergency Contact Name:		Emergency Phone: - -	

Large Scale Dog Breeding Kennel Registration Fees	
New Registration; \$500	AOBJ: 0490 Payment Method: Check Money Order Number: _____
Renewal Registration; \$500	AOBJ: 0490 Amount Enclosed: \$ _____
Please make check/money order payable to: <i>State of Michigan</i> . Submit this form with payment to the address at the top of the form.	

Kennel Veterinarian(s) Information				
Primary Veterinarian:	MI Lic. #:	Email:		
Veterinary Hospital/Clinic Name:				not applicable
<i>Hospital/Clinic Address (if not applicable, then provide the Primary Veterinarian's Address, City, State, Zip Code, phone):</i>				
Address:	City:	State:	Zip Code:	Phone: - -
Additional Veterinarians that the kennel may use:				
Additional Veterinarian:	MI Lic. #:	Email:		

By signing below I certify that the foregoing is true and accurate to the best of my knowledge and belief, and that I will comply with the provisions of Act 287, PA 1969, as amended, to operate a Large Scale Dog Breeding Kennel, and all the Michigan Department of Agriculture and Rural Development (MDARD) regulations promulgated thereunder, and to make such records available to the MDARD Director, or a MDARD Representative, on demand. ***This application must be signed by the President or Owner of the Large Scale Dog Breeding Kennel.***

Printed Name:	Title:
Signature:	Date: