



Lincoln County Animal Care & Control
418 Mineral Ave.
Libby, Mt. 59923
Phone (406)283-2442 Fax: (406)293-5640



LINCOLN COUNTY KENNEL LICENSE APPLICATION

Kenel License applications must be fully completed. The submitted application will be reviewed for completeness by Lincoln County Health Department prior to conducting inspections. Inspections will be conducted based on the information provided in the application. License eligibility determination will be made after the complete application is submitted and an inspection is conducted. Kenel License fees are due upon license eligibility approval.

Please complete the following:

KENNEL NAME (if any): _____

Owner Name: _____ Phone: _____

Cell: _____ Email: _____

Kenel Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Alternative/Emergency Contacts:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Which of the following activities will occur at the kennel during the course of the year? Check all that apply:

Five (5) or more dogs kept and maintained (including animal rescue, shelter and boarding facilities)

Two (2) or more unaltered dogs kept for the purpose of breeding

Offering dogs for sale, trade, profit or barter

Please provide the following information. Circle "YES" or "NO" and fill in the blanks where appropriate.

Is the kennel currently in operation? YES or NO

IF YES:

-Current number of dogs over six (6) months of age kept at your kennel? _____

-Maximum number of dogs over six (6) months of age to be kept at your kennel? _____

IF NO, maximum number of dogs over six (6) months of age anticipated to be kept? _____

NOTE: BY SIGNING AND SUBMITTING THIS APPLICATION, THE APPLICANT ACKNOWLEDGES AND AGREES TO COMPLY WITH THE TERMS OF THE LINCOLN COUNTY ANIMAL CONTROL POLICIES AND REGULATIONS. APPLICANT HEREBY AUTHORIZES INSPECTION IN ACCORDANCE WITH THE LINCOLN COUNTY ANIMAL CONTROL POLICIES AND REGULATIONS.

ACCEPTANCE AND PROCESSING OF THIS KENNEL LICENSE APPLICATION DOES NOT CONSTITUTE THE ISSUANCE OF A KENNEL LICENSE BY LINCOLN COUNTY. APPLICATIONS WILL BE PROCESSED BY LINCOLN COUNTY AND, IF APPROVED, THE LICENSE WILL BE ISSUED AFTER THE KENNEL LICENSE FEE IS PAID.

QUESTIONS MAY BE DIRECTED TO THE LINCOLN COUNTY HEALTH DEPARTMENT AT (406)283-2442.

Applicant Signature: _____ Date: _____

SPACE BELOW THIS LINE RESERVED FOR LINCOLN COUNTY

APPROVED

DENIED

Notes:

Lincoln County Health Department Signature: _____ **Date:** _____

Must Provide Rabies Certificate For Each Dog Over 6(six) Months Of Age

	NAME	BREED	SEX	COLOR	AGE	RABIES#	Rabies Exp. DATE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

Kennel Requirements Check List:

1) Adequate Care: YES / NO

Comments: _____

2) Adequate Feed: YES / NO

Comments: _____

3) Adequate Shelter: YES / NO

Comments: _____

4) Adequate Space: YES / NO

Comments: _____

5) Adequate Water: YES / NO

Comments: _____

6) Properly Cleaned: YES / NO

Comments: _____

7) Proof of Current Rabies Vaccinations for each dog 6 months of age or older: YES / NO

Comments: _____

First Inspection: YES / NO

Renewal/Annual Inspection YES / NO

Routine Inspection: YES / NO

Investigative Inspection: YES / NO

Date/Time of Inspection: _____

Inspected by: _____