

**DESCHUTES COUNTY
KENNEL LICENSE APPLICATION**

License # _____
Expires _____
Receipt # _____

Name of Applicant: _____ Phone: _____
Address of Kennel Location: _____
Number of Dogs Covered by Kennel License: _____ Fee: \$ _____

The undersigned certifies that all of the following qualifications with respect to my dogs, my kennel facility and my care of such dogs are met and that I am therefore entitled to receive a kennel license under Deschutes County Code Section 6.04.055.

- _____ I own or keep four or more dogs;
- _____ My dogs are not housed in my residence and are not allowed to run at large;
- _____ My dogs are kept primarily in a kennel, as described below;
- _____ My kennel complies with all applicable land use laws. (If a commercial kennel, attach proof of compliance from Deschutes County Planning Department.)
- _____ My kennel is a structure sufficient to protect my dogs from weather having (1) inside and outside runs, with access to food and water dishes; (2) bedding to protect against cold and dampness; (3) access to a dry place for my dogs to rest;
- _____ My kennel is kept reasonably clean and free from excess waste or other contaminants that could affect my dogs' health;
- _____ I have not been convicted under county or state law for failure to maintain minimum care standards in my kennel; and
- _____ I have not been convicted under county or state law for allowing my dogs to be at large during any period for which I have had a Deschutes County kennel license.
- _____ I agree to allow a Deschutes County representative to review conditions of this kennel at anytime, unannounced, to assure that I am in compliance with Deschutes County Code Section 6.04.055.

I understand that by this application, I am granting permission to representatives of Deschutes County to verify that the above information is true.

Signature of Applicant

Date

INSPECTION FORM

Date: _____ Location of Inspection: _____

Kennel License Conditions Met: _____

Kennel License Conditions Not Met: _____

Deficiencies Noted: _____

Signature and Title of Inspector

Date