

NEW PET BREEDER or ANIMAL SHELTER APPLICATION

<input type="checkbox"/> New License Fee (see table on page 2): \$ _____ <input type="checkbox"/> Pre-License Inspection Fee (required): \$100	Official Use Section – Rev Code 290 / 290-01
Credit Card (CC) Info (if paying by credit card; if paying by check, make checks payable to ODAFF) NOTE: 2.7% + \$0.49 credit card fees apply as of July 1, 2025; they will be added to the late fees above Card Type (check one): <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover Card #: _____ Expiration Date (MM/YYYY): _____ Name on Card: _____	
1. Applicant / Owner Information (required) Check One: <input type="checkbox"/> Individual Owner(s) OR <input type="checkbox"/> Corporation / LLC / Business Ownership (see Corporation Data Sheet) Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> First Name or Business Name Last Name </div> Mailing Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Street City ST Zip </div> Phone#: _____ Email: _____ Sales Tax ID (unless only selling wholesale): _____	
2. Operator (Onsite Contact) Information (if different from Owner) Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> First Name Last Name </div> Mailing Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Street City ST Zip </div> Phone#: _____ Email: _____	
3. Facility Operation Information (required) Check One: <input type="checkbox"/> Pet Breeder OR <input type="checkbox"/> Animal Shelter Estimated Open Date: _____ Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Facility Operation Name </div> Physical Location: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Street Address or Cross-Streets City ST Zip </div> Phone#: _____ Email: _____ GPS Entrance Location to Facility: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Latitude / Longitude (Lat/Long) </div>	

4. Fee & Capacity (only count animals under 9 months as juveniles; do not include their numbers in females or males)

No. of Intact Females	No. of Spayed Females	No. of Males	No. of Juveniles

Total Animals Fee Chart - License Fee

- ☐ Breeder: One (1) to ten (10) Intact Female Animals.....(Voluntary) \$125.00
- ☐ Breeder: Eleven (11) to twenty (20) Intact Female Animals\$200.00
- ☐ Breeder: Twenty-one (21) to fifty (50) Intact Female Animals\$350.00
- ☐ Breeder: Fifty-one (51) to one-hundred (100) Intact Female Animals\$500.00
- ☐ Breeder: One hundred and one (101) or more Intact Female Animals\$650.00
- ☐ Shelter: Ten (10) or more Animals.....\$200.00

TOTAL DUE = License Fee \$ _____ + Pre-License Inspection Fee* \$ 100 = \$

*If a pre-license inspection is failed, another pre-license inspection fee (\$100) must be paid prior to starting operations.

5. History - for ANY owner, partner, member with percentage of ownership or operator (check all that apply):

- ☐ Been convicted of, or entered a plea of guilty or no contest, to any felony, or any crime involving animal cruelty, abuse, or neglect (which may include animal fighting).
- ☐ Received any adverse ruling from any court of competent jurisdiction or any administrative tribunal involving honesty, fraud, misrepresentation, breach of fiduciary duty, gross negligence, or incompetence in a matter related to pet breeding, animal sheltering, or cruelty to animals.
- ☐ Had an application for a license, registration, certificate, or endorsement related to pet breeding, animal sheltering or animal care denied or rejected by any state or federal licensing authority in Oklahoma or other state.
- ☐ Ever have revoked or suspended a license, registration, certificate or endorsement by any commercial pet breeder or animal sheltering licensing authority, kennel regulation board, or similar agency.
- ☐ Ever surrendered a license, registration, certificate, or endorsement to the Board or any state or federal animal sheltering or kennel licensing authority, whether located in Oklahoma or elsewhere.

For any box checked above, please provide date, subject matter or description and any court or government case information related to that issue.

Oath of Accuracy: I certify under penalty of law this document was verified and updated under my direction. Based upon my inquiry of the person or persons directly responsible for verifying or updating the data, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for knowingly submitting false, inaccurate, or incomplete information, including the possibility of a fine not more than ten thousand dollars for each violation.

Owner Signature: _____ Date: _____

Signed or attested to me this _____ day of _____, 20____
Day Month Year

(Notary Public Name & No.)

(NOTARY SEAL)

My Commission Expires: _____

Instructions for Required Affidavit:

All natural persons applying for a poultry operation registration from the Oklahoma Department of Agriculture, Food, and Forestry (Department) are required, by the provisions of 56 O.S. Supp. 2007 § 71, to provide the Department with verification of lawful presence in the United States by executing the Affidavit below before a notary public or other officer authorized to notarized affidavits under State law.

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Affidavit of

[Print Applicant's Name]

STATE OF _____)
) ss:
COUNTY OF _____)

_____, of lawful age, being first duly sworn, upon Applicant's (Print Name)
oath states, under penalty of perjury, as follows:

I am a United States Citizen, or I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

[Signature of Applicant]

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____, by

[Print Notary's Name]

Notary Public

My Commission Expires: _____

Notary Commission No.: _____

(SEAL)

OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD, AND FORESTRY (ODAFF)

AGRICULTURAL ENVIRONMENTAL MANAGEMENT SERVICES

P. O. Box 528804 Oklahoma City, Oklahoma 73152

Phone: (405) 522-6302 Email: AEMS.PetBreeders@ag.ok.gov

CORPORATION DATA SHEET

Date of Organization: _____ State of Organization: _____

Principal office: _____

Principal Place of Business: _____

Mailing Address: _____

Registered Agent: _____

Registered Address: _____

Registered Agent Email: _____

Officers: _____

Tax Matters Member: _____

Tax Identification Number: _____

Annual Meeting Date: _____

Name

Ownership

Membership Percentage
