

Agricultural Environmental Management Services (AEMS) PO Box 528804, Oklahoma City OK 73152 AEMS.PetBreeders@ag.ok.gov / 405-522-6302

PET BREEDER or ANIMAL SHELTER - EXPANSION APPLICATION

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☐ Breeder Capacity Expansion Fee (see fee chart below): \$		Official Use Section – Rev Code 290			
☐ Shelter Capacity Expansion Fee - \$0					
☐ Pre-Site Inspection Fee -	· \$100				
Credit Card (CC) Info (if p	paying by credit card; if p	aying by	check, make checks	payable to C	DDAFF)
Card Type: ☐ Visa OR I	☐ Master Card				
Card #: Expiration Date (MM/YYYY):					
Name on Card:					
1. Facility Operation Infor	mation				
Check One: ☐ Pet Breeder OR ☐ Animal Shelter Current License No.:					
Facility Name:					
Facility Name: Facility Operation Name					
Mailing Address: Street A	ddress or Cross-Streets		City	ST	Zip
Phone#: Email:					
Contact Name:					
2. Fee & Capacity Change (only count animals under 9 mg					
CURRENT CAPACITY AS LICENSED					
No. of Intact Females	No. of Spayed Female			N	lo. of Juveniles
PROPOSED CAPACITY TOTAL					
No. of Intact Females	No. of Spayed Female			N	lo. 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					
TOTAL DUE = Fee is only	required from a Breeder	if the car	pacity increases to a	higher level.	If a higher level is
	t the currently licensed ca				
Oath of Accuracy: I certify up my inquiry of the person or per the best of my knowledge and submitting false, inaccurate, or for each violation.	rsons directly responsible belief, true, accurate, and c	for verify complete.	ving or updating the d . I am aware there are	ata, the inform significant pe	nation submitted is to nalties for knowingly
Owner Signature:			Date		