Lincoln County Health Department
418 Mineral Ave., Libby, Mt. 59923
Phone (406)283-2442
www.lincolnmthealth.com

LINCOLN COUNTY KENNEL LICENSE APPLICATION

Kennel 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. Kennel License fees are due upon license eligibility approval.

Please complete the following:

KENNEL NAME (if any):_____

Owner Name:_____ Phone:_____

Cell:_____ Email:_____

Kennel Address:_____ City:_____ Zip:_____

Mailing Address:_____City:_____ Zip:_____

Alternative/Emergency Contacts:

1. Name:_____ Phone:_____
2. Name:_____ Phone:_____

Which of the following categories are you applying for? Check all that apply:

___**Kennel** – Any household or establishment where five (5) or more dogs kept and maintained exclusively

___**Breeding Facility** – Any household or establishment where two (2) or more unaltered dogs are kept for the purpose of breeding and/or dogs are offered for sale, trade, profit or barter

___**Boarding Facility** – A commercial establishment where pets are housed temporarily in exchange for compensation.

___**Animal Rescue Organization** – A group or individual who takes in unwanted, abandoned, stray or shelter pets and offers them for adoption.

If the kennel is currently in operation:
-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 the kennel is not currently in operation:
-Maximum number of dogs over six (6) months of age to be kept at your kennel?_____

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:_____

Must Provide Current Rabies Certificate for Each Dog Over Six (6) Months of Age

	NAME	BREED	SEX	COLOR	AGE	RABIES#	Rabies Exp. DATE
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2							
3							
4							
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