



INDIANA COMMERCIAL DOG BREEDER PROGRAM REGISTRATION

State Form 54041 (R7 / 5-24)

INDIANA STATE BOARD OF ANIMAL HEALTH



- INSTRUCTIONS:**
1. The full amount of the registration fee must accompany the application.
 2. Send a check or money order payable to **State of Indiana** and the completed application to:
Indiana State Board of Animal Health, Commercial Dog Breeder and Broker Program, Discovery Hall, Suite 100,
1202 East 38th Street, Indianapolis, IN 46205-2898

NOTE: Registration is for one (1) year and is non-transferable and non-refundable.

BREEDER REGISTRATION	
Type of registration (Check one.)	
<input type="checkbox"/> New	<input type="checkbox"/> Renewal

KENNEL INFORMATION				
Name of kennel (if applicable)				
Physical address of kennel (number and street)	City	State	ZIP code	County
Is this kennel licensed by United States Department of Agriculture – Animal Care (USDA-AC)?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
USDA license number	Effective date (month, day, year)	Expiration date (month, day, year)		

REGISTRANT INFORMATION				
Type of ownership (Check one.)				
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Other: _____
If registering as a business, is this business entity registered with the Indiana Secretary of State?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Name(s) of registrant / registered entity				
Affiliation of registrant (Check one.)				
<input type="checkbox"/> Owner	<input type="checkbox"/> President	<input type="checkbox"/> Authorized Representative	<input type="checkbox"/> Other: _____	
Mailing address of registrant (number and street)	City	State	ZIP code	County
Home telephone number ()	Cellular number ()	Work telephone number ()	Fax number ()	
E-mail address				

PRIMARY CONTACT INFORMATION				
Last name	First name		Middle initial	
Home telephone number ()	Cellular number ()	Work telephone number ()	Fax number ()	
E-mail address				
Mailing address is: (Check one.)				
<input type="checkbox"/> The same as the kennel address <input type="checkbox"/> The same as the registrant address				
Mailing address of primary contact (if different) (number and street)	City	State	ZIP code	County

VETERINARY INFORMATION				
Name of veterinarian				
Name of clinic / hospital			Telephone number ()	
Address of clinic / hospital (number and street)	City	State	ZIP code	County

REGISTRATION AND FEES

*Check the appropriate box below to determine the fee to register or renew a registration as a commercial dog breeder.
Breeders with nineteen (19) or fewer unaltered female dogs, at least twelve months of age, may voluntarily register in the Commercial Dog Breeder Program.*

Number of Unaltered Female Dogs At Least Twelve (12) Months of Age	Annual Fee
<input type="checkbox"/> 19 or fewer	\$75
<input type="checkbox"/> 20 – 50	\$75
<input type="checkbox"/> 51 – 100	\$200
<input type="checkbox"/> 101 – 150	\$300
<input type="checkbox"/> 151 – 250	\$400
<input type="checkbox"/> 251 and up	\$500

SIGNATURE AND CERTIFICATION

I, as the registrant or duly authorized representative of the registrant, certify by signing below that to the best of my knowledge the above information is accurate. I further certify that I have been informed of the required standards for commercial dog breeders and that this entity complies with Indiana Code 15-21-4.

Signature	Date signed (<i>month, day, year</i>)
Printed name	Amount enclosed \$

FOR OFFICE USE ONLY

Date received (<i>month, day, year</i>)	Date processed (<i>month, day, year</i>)	
Name of processor (<i>last, first</i>)		
Amount received \$	Check or money order number	Date of renewal (<i>month, day, year</i>)