

Breeder Excellence Application Commercial Dog or Cat Breeder

INTRODUCTION AND INSTRUCTIONS

In accordance with Minnesota statute, The Board of Animal Health, in consultation with representatives of the licensed commercial breeder industry, must develop a program to recognize persons who demonstrate commercial breeder excellence and exceed the standards and practices required of commercial breeders.

To apply for the Breeder Excellence program, complete this application and submit it to the Board of Animal Health along with the required documentation. Enrollment is valid for one year beginning on July 1 and must be re-applied for on an annual basis. Required documentation may be mailed or emailed to companion.animal@state.mn.us.

LICENSED BREEDER INFORMATION:

License Number: _____ Business Name: _____
Name: _____ Mailing Address: _____
City, State, Zip: _____ E-mail: _____
Phone: _____ Website(s): _____

BREEDER EXCELLENCE BADGES APPLYING FOR:

- | | |
|---|--|
| <input type="checkbox"/> Behavior and Socialization | <input type="checkbox"/> Facility Management |
| <input type="checkbox"/> Canine Brucellosis Certified (dogs only) | <input type="checkbox"/> Feline Leukemia Certified (cats only) |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Health Screening |

CERTIFICATIONS (check all that are true):

- I certify that the required documentation submitted to apply for the Breeder Excellence Program is complete and accurate.
- I have met all requirements of the Commercial Dog or Cat Breeder program and have not been issued any notices of violations and correction orders during the most recent licensing period.
- I understand and agree to comply with all Board of Animal Health requirements for the Breeder Excellence program.
- I understand that the Board of Animal Health will post information regarding my participation in the Breeder Excellence Program using information consistent with my public listing.
- I understand that the Board of Animal Health may review requirements for the Breeder Excellence program and make improvements as needed.
- I understand that participation in this program is not a full guarantee that my animals are free from disease or underlying health concerns.
- I understand that if I fail to meet the requirements of the Breeder Excellence program the Minnesota Board of Animal Health may revoke my participation in the program at any time.

SIGNATURE:

Name: _____ Date: _____