



BURLINGTON COUNTY HEALTH DEPARTMENT
 15 PIONEER BOULEVARD
 P.O. BOX 6000
 MOUNT HOLLY, NJ 08060
 PHONE: 609-265-5515 FAX: 609-265-5541



APPLICATION FOR KENNEL, PET SHOP, SHELTER

Municipality: _____

Name of Establishment: (Trade Name): _____

Address of Facility: _____

Phone: (if available) _____

Applicant's Name		Authorized Agent (if applicable)	
Address		Address	
Phone	Fax	Phone	Fax

FACILITY INFORMATION:

Status: ___ New ___ Remodel ___ Conversion

Type of Service: ___ Kennel ___ Pet Shop ___ Shelter ___ Other _____
 (Explain)

Hours of Operation: _____

Sewage Disposal System: ___ Public ___ Individual
 Potable Water System: ___ Public ___ Individual
 ___ Water Test ___ Bacteria ___ Nitrates

Trash Removal System: ___ Company ___ Dumpster ___ Other (describe _____)
 Surface of Trash Area: ___ Asphalt ___ Concrete

THE FOLLOWING DOCUMENTATION IS REQUIRED TO PROCESS THIS APPLICATION:

- ___ Written local Zoning approval and application for local Licensing.
- ___ A clearly labeled floor plan of facility depicting location of all equipment and animal facilities with dimensions.
- ___ Separate Isolation room for sick or confined animals with separate ventilation.
- ___ Certification of Veterinary Supervision of the Disease Control Program and Health Care Program
- ___ Plumbing location of sinks.
- ___ Location of restrooms, employee locker areas, storage and receiving areas.
- ___ Lighting and manufacturer's specification sheets for equipment utilized.
- ___ Type of finishing material on floors, walls and ceilings, enclosure areas.

_____ _____ _____
 Date Name of Applicant (please print) Signature of Applicant

Chapter 23 and Vet Form Given _____

FOR OFFICE USE ONLY

Floor plan not required_____

Inspector_____

Date Received_____

Date Completed_____

___APPROVED

___APPROVED WITH STIPULATIONS
(See comments)

___DISAPPROVED

Expected Opening Date_____

BUILDING FINISH MATERIAL

	Animal Facilities	Storage	Restroom		
Walls					
Floors					
Ceiling					
Lighting					
Ventilation					
Plumbing					

SINKS AND MISC

	Yes	No	N/A	Adequate #
Handsinks				
Utility/Mop Sink				
Dumpster				
Employee Break Area/Locker				

COMMENTS
