

FOURTEENTH SCHEDULE

APPLICATION FORM FOR BREEDING SERVICE PROVIDER'S PERMIT

The Director of Veterinary Services

Private Bag 00625

Nairobi.

PART I. APPLICATION

I..... ID.....KVB Registration Number.....Physical
address.....P.O.....Box.....Telephone.....Email.....L
R/Plot. No.....

wishing to offer breeding services known as situated
at.....Ward.....Sub county.....County hereby apply for a license.

I hereby provide certified true copies of Professional Certificate In Animal health
and certificate of registration as breeding service provider and current passport
photograph.

Date.

Signature of applicant

PART II: RECOMMENDATION

I.....having inspected the equipment and facilities of the applicant do recommend/do not
recommend (delete inapplicable) for the applicant to be issued with a permit as a Breeding Service
Provider. I attach the inspection report.

Signature of Veterinary Officer.....date.....

Name of veterinary officer.....

Station