



Iowa Kennel Assurance Program
Application

IaPBA

23 S. 2nd Suite3

Keokuk, Iowa 52632

Kennel Name _____

Owner _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ Cell _____

IaPBA Chapter No _____ Yes _____ Name _____

USDA License No _____ Yes _____ # _____

State License No _____ Yes _____ # _____

Application need to be sent to: lpbapresident@yahoo.com

You will be contacted to schedule a kennel tour. If you do not belong to a chapter one will be assigned to you. If you do not belong to IaPBA there is a fee of \$150.00 to participate in the IKAP program.

To be prepared for your kennel tour, please refer to the evaluation forms.

You will be required to have a written copy of you kennel plans available for you evaluator.

