



# APPLICATION FOR DOG KENNEL LICENCE

## HALDIMAND COUNTY BY-LAW # 1396/13

- INITIAL APPLICATION  
 RENEWAL APPLICATION

- PUREBRED KENNEL  
 COMMERCIAL KENNEL

Personal information on this form is collected under the authority of the *Municipal Act*, S.O. 2001, c.25 and will be used to process this application in order to determine eligibility to be licenced to operate a kennel within the Haldimand County. Where applicable, personal information on this form may be disclosed to the Welland & District SPCA. The disclosure of this information is governed by the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.M. 56. Inquiries may be directed to the Licensing Officer at 905-318-5932, ex.6351.

### PART 1: TO BE COMPLETED BY THE APPLICANT

**APPLICANT'S NAME:**

\*If the kennel is located on a property which you are not the registered owner- a letter from the registered owner is required.

**APPLICANT'S ADDRESS:**

**KENNEL ADDRESS:**  
IF DIFFERENT THEN ABOVE

**TELEPHONE NUMBER:**

**HOME:**

**OTHER:**

**KENNEL NAME:**

**# OF CANINES**  
16 WEEKS AND OLDER

**ALTERNATE CONTACT:**  
IN CASE THE DOG IS IMPOUNDED

**NAME:**

**PHONE:**

### DESCRIPTION OF CANINES (16 WEEKS AND OLDER)

**DATE OF**

**OFFICE USE ONLY:**

	NAME <small>(MICRO CHIP # IF APPLICABLE)</small>	BREED	COLOUR	SEX	SPAY OR NEUTER	RABIES VACCINE <small>DAY/MONTH/YEAR</small>	RABIES VALID	TAG # ISSUED
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Please indicate if canine is attack trained or dangerous.

**APPLICATION CONTINUED ON REVERSE →**

**PART 1: TO BE COMPLETED BY THE APPLICANT (continued)**

The undersigned acknowledges it is their responsibility to ensure that the person, premises or operation to be licensed complies with any applicable County by-laws. The undersigned hereby certifies that the information provided in this application is true and complete, and that any false information may result in the revocation of any licence issued.

<b>Applicant – Print Name</b>	<b>Applicant - Signature</b>	<b>Date</b>

**PART 2: TO BE COMPLETED BY ANIMAL SERVICES OFFICER**

For an Inspection Appointment phone: **Welland & District SPCA 1-888-222-0568**

I have inspected the kennel located at the address listed on this application, and have found it to meet all necessary requirements.

**Objection**

**No Objection**

<b>Animal Services Officer - Print</b>	<b>Animal Services Officer - Signature</b>	<b>Date</b>

**PART 3: TO BE COMPLETED BY THE LICENCING OFFICER OR DESIGNATE COUNTY EMPLOYEE**

**Cayuga Administration Building**  
45 Munsee Street North,  
Cayuga, ON N0A 1E0  
905-318-5932

**Caledonia Satellite Office**  
282 Argyle St. South  
Caledonia, ON N3W 1K7  
905-318-5932

**Hagersville Satellite Office**  
1 Main St. South  
Hagersville, ON N0A 1H0  
905-318-5932

**Dunnville Satellite Office**  
117 Forest Street East  
Dunnville, ON N1A 1B9  
905-318-5932

**Complete Applications Received Prior to December 31 Licence Fee \$110.00**  
**Applications Received after December 31 Late Fee \$10.00**

<b>County Employee - Signature</b>	<b>Date</b>

**PART 4: TO BE COMPLETED BY ISSUER OF LICENCE**

**Approved**

**Denied**

<b>Licensing Officer - Signature</b>	<b>Date</b>

<b>LICENCE #</b>	
------------------	--