



Application For Dog Kennel Licence

Haldimand County By-Law # 1396/13

- INITIAL APPLICATION
 RENEWAL APPLICATION

- PUREBRED KENNEL
 COMMERCIAL KENNEL

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: <small>IF DIFFERENT THEN ABOVE</small> | | | |
|--|--|--|--|

| | | | |
|--------------------------|--------------|---------------|--|
| TELEPHONE NUMBER: | HOME: | OTHER: | |
|--------------------------|--------------|---------------|--|

| | | | |
|---------------------|--|--|--|
| KENNEL NAME: | | # OF CANINES <small>16 WEEKS AND OLDER</small> | |
|---------------------|--|--|--|

| | | | |
|--|--------------|---------------|--|
| ALTERNATE CONTACT: <small>IN CASE THE DOG IS IMPOUNDED</small> | NAME: | PHONE: | |
|--|--------------|---------------|--|

| DESCRIPTION OF CANINES <small>(16 WEEKS AND OLDER)</small> | | | | | | 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.

| | | |
|-------------------------------|------------------------------|-------------|
| Applicant – Print Name | Applicant - Signature | Date |
| | | |

PART 2: TO BE COMPLETED BY ANIMAL SERVICES OFFICER

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|---|---|
| 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

| | | |
|--|--|-------------|
| Animal Services Officer - Print | Animal Services Officer - Signature | Date |
| | | |

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

Haldimand County Administration Building
53 Thorburn Street South
Cayuga, ON N0A 1E0

| | |
|--|-----------------------------|
| Complete Applications Received Prior to December 31 | Licence Fee \$113.00 |
| Applications Received after December 31 | Late Fee \$10.00 |

County Employee - Signature

Date

PART 4: TO BE COMPLETED BY ISSUER OF LICENCE

Approved

Denied

Licensing Officer - Signature

Date

LICENCE #