



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:	
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*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:	
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KENNEL ADDRESS: <small>IF DIFFERENT THAN ABOVE</small>	
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TELEPHONE NUMBER:	HOME:	EMAIL:
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KENNEL NAME:		# OF CANINES <small>16 WEEKS AND OLDER</small>
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ALTERNATE CONTACT: <small>IN CASE THE DOG IS IMPOUNDED</small>	NAME:	PHONE:
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DESCRIPTION OF CANINES <small>(16 WEEKS AND OLDER)</small>	EXPIRY OF	OFFICE USE ONLY:
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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**
**For an Inspection
Appointment phone:**

Niagara SPCA and Humane Society
1-888-222-0568 (select option 3 – Animal Control)

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 LICENSING 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 _____
Applications Received after December 31	Late Fee _____

County Employee - Signature**Date****PART 4: TO BE COMPLETED BY ISSUER OF LICENCE**
 Approved
 Denied
Licensing Officer - Signature**Date****LICENCE #**