

The Municipality of South Bruce

Kennel License Application Form

Business Name:	Date of Application (D/M/Y):

Applicant Information:	
Applicant Name:	
Phone Number:	
Alternate Phone Number:	
Email:	
Mailing Address:	
Current Zoning on Property:	

Dog Information:	
Type of Kennel (Boarding/Breeding):	
Number of Dogs Total:	
Number of Dogs Used For Breeding:	
Breed(s):	
CKC Registration Info (If Applicable):	
Microchip	Y / N (if yes, please list on a separate page the
	dogs that are microchipped)
Rabies Vaccinations	Please provide a record of each dog and the date
	of rabies vaccination.

By signing here, I acknowledge that I read and agree to comply with all the terms and condition of the Animal Control By-Law 2018- 39. I am familiar with the provisions of the Canadian Kennel Operations and/or Code of Practice, Canadian Veterinary Medical Association. I also swear my operation meets the guidelines stated therein and approve the Animal Control Officer conducting an inspection of Kennel at the above location.

Signature: _____

Applicant Signature