



## APPLICATION FOR A KENNEL PERMIT

**Pursuant to the Animal Control By-law No. 09-16  
Section 6**

Name(s) of Applicant: _____
Civic Address of Applicant: _____
Mailing Address of Applicant: _____

**NOTE:**

Kennels for profit purposes whether derived from the boarding or breeding of dogs and/or cats or from any other source are prohibited in the Town of Stonewall.

Location animals will be harboured / kept if different from above:  _____
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Initial Application	<input type="checkbox"/>	Application Fee - \$25.00	Rec'd	<input type="checkbox"/>
Annual Renewal Application	<input type="checkbox"/>	License Fee - \$250.00	Rec'd	<input type="checkbox"/>
Current Kennel Permit No.	<input style="width: 150px;" type="text"/>			

DOG / CAT	BREED	MALE / FEMALE	PET NAME	SPAYED OR NEUTERED	NUMBER OF LITTERS EXPECTED (if applicable)

**Total Number of Dogs:** \_\_\_\_\_ **Total Number of Cats:** \_\_\_\_\_

*Housing and Accommodation:*

All outdoors:  Y  N      As part of residence:  Y  N

All enclosed in stand-alone building:  Y  N

Kennels indoors; Run outdoors:  Y  N

Other: \_\_\_\_\_

Type and Size of Site (land): \_\_\_\_\_

Type and Size of Building: \_\_\_\_\_

Number, Size and Use of Rooms: \_\_\_\_\_

Describe Type of Construction for:

Exterior walls: \_\_\_\_\_

Interior walls: \_\_\_\_\_

Floor: \_\_\_\_\_

Insulation: \_\_\_\_\_

Type of Heating: \_\_\_\_\_

Air conditioning?  Y  N  N/A

Ventilation (Number, size & type of fans): \_\_\_\_\_

No. and size of windows: \_\_\_\_\_

Are windows screened?  Y  N

Is a dehumidifier or air exchanger used?  Y  N

Method of waste disposal:

Liquid \_\_\_\_\_

Solid waste \_\_\_\_\_

Type of Lighting Fixtures: \_\_\_\_\_

No. of Lighting Fixtures \_\_\_\_\_

Is running water available in the building?  Y  N

or near the site?  Y  N

Source: \_\_\_\_\_

Is the premises surrounded by a perimeter chain link fence or semi solid wall suitable to prevent escape of or entry of animals?  Y  N  N.A

Describe: \_\_\_\_\_

What insect control measures are taken? \_\_\_\_\_

*Cages, Pens, Enclosures*

Number of Cages: \_\_\_\_\_ Size(s): \_\_\_\_\_

Describe Construction materials: \_\_\_\_\_

Number of Runs: Indoor: \_\_\_\_\_ Size(s): \_\_\_\_\_

Outdoor: \_\_\_\_\_ Size(s): \_\_\_\_\_

Describe construction materials: \_\_\_\_\_

Is a shelter/enclosure/bedding/shade provided in each run or cage?  Y  N

Is wire flooring used in any of the above?  Y  N

If wire flooring is used is provision made for partial solid floor?  Y  N

Is a separate whelping area provided?  Y  N  N/A

Supplemental heat?  Y  N

Describe: \_\_\_\_\_

Group housing: if used, describe groups: \_\_\_\_\_

Is there an isolation pen or ward?  Y  N

*Food and Water*

Provision for storage of feed: \_\_\_\_\_

Vermin proof storage?  Y  N

Is feed properly marked as to type or use?  Y  N

Are commercially prepared rations used?  Y  N

What rations are available? \_\_\_\_\_

Is clean potable water available at all times to all cages/runs?  Y  N

*Veterinary Involvement*

Veterinary Service is provided by: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

Frequency of Vaccinations - (Owner may be asked to provide proof of vaccinations):

Rabies \_\_\_\_\_

Canine Distemper/Hepatitis/Parvo etc. \_\_\_\_\_

Feline Distemper/FVR/Calici/Leukemia \_\_\_\_\_

Other: \_\_\_\_\_

Parasite Control: What products are used and when? \_\_\_\_\_

\_\_\_\_\_

Is Euthanasia carried out by a licensed vet?     Y     N

If no: How and by Whom: \_\_\_\_\_

\_\_\_\_\_

*Other*

Is there an emergency procedure posted?     Y     N

Is there a fire extinguisher in the immediate area?     Y     N

Are emergency phone numbers posted?     Y     N

What disinfection products are used? \_\_\_\_\_

Any other matter/information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pursuant to Section 6(3) of By-law No. 09-16 your Application will be considered by Council at a regularly scheduled meeting. You shall be notified of the meeting, date, time and location. In addition, the Town will be contacting all property owners within a 100 meter radius of the premises of the proposed kennel application to inform them of the application and the date, time and location of the meeting at which Council shall consider the application.

In determining whether or not to grant a kennel permit to an applicant and/or to determine what conditions the kennel permit shall be subject to, the Council shall review all relevant factors and without limiting the generality of the foregoing the following factors shall be considered:

- (a) the proposed maximum number of dogs and/or cats to be kept on the premises;
- (b) if the number of dogs and/or cats meets or exceeds the number prescribed by Regulation under The Animal Care Act S.M. 1996. c. 69 the applicant must possess or be in the process of applying for a Provincial Kennel License issued through the office of the Provincial Veterinary;
- (c) the intended purpose for keeping the dogs and/or cats on the premises;
- (d) the steps which have been taken to ensure that the dogs and/or cats will be adequately and safely housed;
- (e) the steps which have been taken to ensure that disturbances to neighbours from excessive noise, odour, waste disposal and any other potential nuisances are avoided;
- (f) any inspection report from the Animal Control Officer or the Poundkeeper as may be requested by the Council;
- (g) any inspection report from the public health authorities or any other authorities as may be requested by the Council;
- (h) any representations made by the owner or on behalf of the owner either in writing or at the meeting of Council where the application for a kennel permit will be heard; and
- (i) any representations made by neighbours of the owner or any other interested party, whether in writing or by oral submission at the meeting of Council at which the application for a kennel permit is heard.

A Kennel Permit **if issued** is only valid for a period of one year from the date of issuance. A Kennel Permit may be renewed subject to the submission of this Application 30 days prior to the expiry of the Permit.

Signature of Applicants (s): \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_  
 of Applicant(s) \_\_\_\_\_