



# The Corporation of the Municipality of Brockton

## Kennel License Application Form

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

<b>Applicant Information:</b>	
Applicant Name:	
Phone Number:	
Fax Number:	
Mailing Address:	
911/Lot & Concession:	
Current Zoning on Property:	

<b>Dog Information:</b>	
Breed(s):	
Number of Dogs Total:	
Number of Dogs Not Used for Breeding::	
CKC Registration Info. (If Applicable)	

I have read and agree to comply with all terms and conditions of the Dog Control By-Law 2012-05..

I am familiar with the provisions of the Canadian Kennel Operations and/or Code of Practice, Canadian Veterinary Medical Association, and swear my operation meets the guidelines stated therein.

By signing here, I make application and approve the Animal Control Officer conducting an inspection of my Kennel Premises at the above location.

Signature: .....  
Applicant Signature

.....  
Date