



2025 KENNEL LICENCE FORM

Before Feb. 1st 2025 (inclusive)--

\$150.00 (DKEN)

BY-LAW NO. 2014-46

(late fee after Feb 1, 2025 is an additional \$85.00)

“Kennel” means any premise(s), cage or pen(s) excluding recognized Animal Shelters, Pet Shops and Grooming Establishments, where four (4) or more dogs are lodged, treated, bred, kept or boarded.

Mail to: 50 Colborne Street S. Simcoe ON n3Y 4H3

Kennel Owner:	Kennel Name:
Civic Address:	Type of Kennel:
Mailing Address:	<input type="checkbox"/> Breeding – (maximum 10 dogs) <i>Remuneration</i> Yes No
Email Address:	<input type="checkbox"/> Hobby (Personal use)- (maximum 10 dogs)
Phone:	<input type="checkbox"/> Commercial (Boarding) - (maximum 50 dogs)
Site Plan attached <input type="checkbox"/> (For Breeding/Commercial ONLY)	Proof of active membership in the Canadian Kennel Club or any other Association incorporated under the Animal Pedigree (Canada) (Breeding only) attached <input type="checkbox"/>
Year Kennel was Established _____	Registration Number: _____
	Norfolk County Municipal Law Enforcement- Zoning
	Denied <input type="checkbox"/>
	Approved <input type="checkbox"/> Signature: _____

1) NAME: _____ AGE: _____	Tag No. Issued
BREED: _____ COLOUR: _____	
<input type="checkbox"/> MALE <input type="checkbox"/> NEUTERED <input type="checkbox"/> FEMALE <input type="checkbox"/> SPAYED	
PROOF OF RABIES VACCINE TATTOO #: _____ LOCATION: _____	
Microchip # _____	

<p>2) NAME: _____ AGE: _____</p> <p>BREED: _____ COLOUR: _____</p> <p><input type="checkbox"/> MALE <input type="checkbox"/> NEUTERED <input type="checkbox"/> FEMALE <input type="checkbox"/> SPAYED</p> <p>PROOF OF RABIES VACCINE TATTOO #: _____ LOCATION: _____</p> <p>Microchip # _____</p>	<p>Tag No. Issued</p> <hr/>
<p>3) NAME: _____ AGE: _____</p> <p>BREED: _____ COLOUR: _____</p> <p><input type="checkbox"/> MALE <input type="checkbox"/> NEUTERED <input type="checkbox"/> FEMALE <input type="checkbox"/> SPAYED</p> <p>PROOF OF RABIES VACCINE TATTOO #: _____ LOCATION: _____</p> <p>Microchip # _____</p>	<p>Tag No. Issued</p> <hr/>
<p>4) NAME: _____ AGE: _____</p> <p>BREED: _____ COLOUR: _____</p> <p><input type="checkbox"/> MALE <input type="checkbox"/> NEUTERED <input type="checkbox"/> FEMALE <input type="checkbox"/> SPAYED</p> <p>PROOF OF RABIES VACCINE TATTOO #: _____ LOCATION: _____</p> <p>Microchip # _____</p>	<p>Tag No. Issued</p> <hr/>

<p>5) NAME: _____ AGE: _____</p> <p>BREED: _____ COLOUR: _____</p> <p><input type="checkbox"/> MALE <input type="checkbox"/> NEUTERED <input type="checkbox"/> FEMALE <input type="checkbox"/> SPAYED</p> <p>PROOF OF RABIES VACCINE TATTOO #: _____ LOCATION: _____</p> <p>Microchip # _____</p>	<p>Tag No. Issued</p> <hr/>
<p>6) NAME: _____ AGE: _____</p> <p>BREED: _____ COLOUR: _____</p> <p><input type="checkbox"/> MALE <input type="checkbox"/> NEUTERED <input type="checkbox"/> FEMALE <input type="checkbox"/> SPAYED</p> <p>PROOF OF RABIES VACCINE TATTOO #: _____ LOCATION: _____</p> <p>Microchip # _____</p>	<p>Tag No. Issued</p> <hr/>
<p>7) NAME: _____ AGE: _____</p> <p>BREED: _____ COLOUR: _____</p> <p><input type="checkbox"/> MALE <input type="checkbox"/> NEUTERED <input type="checkbox"/> FEMALE <input type="checkbox"/> SPAYED</p> <p>PROOF OF RABIES VACCINE TATTOO #: _____ LOCATION: _____</p> <p>Microchip # _____</p>	<p>Tag No. Issued</p> <hr/>

<p>8) NAME: _____ AGE: _____</p> <p>BREED: _____ COLOUR: _____</p> <p><input type="checkbox"/> MALE <input type="checkbox"/> NEUTERED <input type="checkbox"/> FEMALE <input type="checkbox"/> SPAYED</p> <p>PROOF OF RABIES VACCINE TATTOO #: _____ LOCATION: _____</p> <p>Microchip # _____</p>	<p>Tag No. Issued</p> <hr/>
<p>9) NAME: _____ AGE: _____</p> <p>BREED: _____ COLOUR: _____</p> <p><input type="checkbox"/> MALE <input type="checkbox"/> NEUTERED <input type="checkbox"/> FEMALE <input type="checkbox"/> SPAYED</p> <p>PROOF OF RABIES VACCINE TATTOO #: _____ LOCATION: _____</p> <p>Microchip # _____</p>	<p>Tag No. Issued</p> <hr/>
<p>10) NAME: _____ AGE: _____</p> <p>BREED: _____ COLOUR: _____</p> <p><input type="checkbox"/> MALE <input type="checkbox"/> NEUTERED <input type="checkbox"/> FEMALE <input type="checkbox"/> SPAYED</p> <p>PROOF OF RABIES VACCINE TATTOO #: _____ LOCATION: _____</p> <p>Microchip # _____</p>	<p>Tag No. Issued</p> <hr/>

