

**NOVEMBER 2020**

Municipality of West Nipissing  
**ANIMAL CONTROL BY-LAW**

**SCHEDULE "D" TO BY-LAW 2020/67**

**APPLICATION FOR KENNEL LICENCE /  
 DEMANDE DE LICENCE DE CHENIL**

<b>Name of applicant :</b> <i>Nom du demandeur :</i>	
<b>Address:</b> <i>Adresse:</i>	_____
<b>Telephone #:</b> / <i>No. de téléphone:</i>	
<b>E-Mail:</b> / <i>Courriel:</i>	
<b>Name of Kennel (if applicable):</b> <i>Nom du Chenil (s'il y a lieu) :</i>	
<b>Address of Kennel if different from above:</b> <i>Adresse du Chenil s'il varie de l'adresse mentionné ci-haut :</i>	_____
<b>Distance of kennel from residence:</b> <i>Distance du chenil de la résidence:</i>	_____
<b>ZONING OF PROPERTY: /</b> <i>Zonage de la propriété:</i>	(Must be verified with the West Nipissing Planning Department) <input type="checkbox"/> <b>Compliant</b> <i>Conforme</i> <input type="checkbox"/> <b>Non-compliant</b> <i>Non-conforme</i>
<b>TYPE OF KENNEL :</b>	
<input type="checkbox"/> Private Kennel: <i>Chenil privé:</i>	<input type="checkbox"/> Pure Bred Kennel <i>Chenil pour races pures</i>
<input type="checkbox"/> Boarding Kennel: <i>Chenil de location:</i>	

*By signing this application I hereby give permission to the Municipality of West Nipissing By-Law Enforcement Officer or other duly authorized person to enter at any time, this kennel and the lands upon which the kennel is situated for the purpose of inspection.*

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

\_\_\_\_\_  
**Applicant Signature / Signature du demandeur:**

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**CHECK-LIST FOR INSPECTION OF KENNEL /  
 LISTE DE CONTRÔLE POUR L'INSPECTION DU CHENIL**

	ITEM CONDITION	ACCEPTABLE		RECOMMENDATION (see below if required)
		YES	NO	
1	Overall condition of kennel			
2	Ventilation & light			
3	Temperature levels			
4	Cleanliness of premises			
5	Condition of cages, pens, etc.			
6	Food and water : <ul style="list-style-type: none"> <li>• Schedule of feedings</li> <li>• Type of food served</li> </ul>			
7	Indoor, outdoor or group housing			
8	Outdoor exercise area			
9	Whelping facilities			

**RECOMMENDATIONS :**

Date inspected :		Animal Control Officer carrying out inspection:
Date of second inspection (if required) :		Animal Control Officer carrying out inspection :

**APPROVAL**

Kennel Licence approved on _____, 20__.	Authorizing personnel: <i>(print &amp; signature)</i>
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