

TOWN OF ARBORG
SCHEDULE "D" to By-law No. 9-2023
Excess Animal Permit Application

Date		Applicant	
Permit Address			
Mailing Address			
Telephone		Email	

Own Property Rent/Lease Property **Approval from owner required*

Property Owner			
Address:			
Telephone		Email	
Signature			

1. Are you breeding any of these animals on these premises? Yes No
 - o If yes, how many litters per year? _____
 - o Please note – An Intact Permit is also required for breeding of dogs and cats
2. Do you sell animals from these premises? Yes No
3. Do you intend to board animals (other than those listed on this application) on these premises? *NOTE: A Conditional Use or Variance from EIPD may also be needed to board animals. Kennels are not permitted in Residential Areas.
 Yes No
4. Have you operated a business (pet related) for which the permit has been suspended or revoked?
 Yes No
5. Have you or anyone residing in your home been investigated for animal cruelty or neglect?
 Yes No
6. Veterinary Clinic Name: _____ Date of last visit: _____

Animal	Name	Breed	Male/Female Neuter/Spay	Current License No.	Colour	Age	Rabies Vaccine Expire Date
<input type="checkbox"/> Cat <input type="checkbox"/> Dog							
<input type="checkbox"/> Cat <input type="checkbox"/> Dog							
<input type="checkbox"/> Cat <input type="checkbox"/> Dog							
<input type="checkbox"/> Cat <input type="checkbox"/> Dog							

1. It is a condition of every excess animal permit that the permit holder must comply with ***The Animal Control By-law, The Animal Care Act*** and any other applicable legislation in respect of the dogs, cats or both dogs and cats to which the permit applies.
2. My personal information (name, address, phone number) forms part of the public record for the Excess Animal Permit Public Hearing process and as such will also be posted on the Town of Arborg website.
3. Applicant must attend or authorize another person to represent you at the Town of Arborg public hearing at the date, time, and place you are advised. If the applicant fails to appear or be represented, the application will be considered in their absence.

Applicant Name: _____ Applicant Signature: _____

OFFICE USE ONLY			
Date Application Received:		Applicable Paperwork Submitted with application	YES / NO
Approved Date:	Expires:	Permit #	

Form of Agreement authorized by Part 4, Section 16 of By-Law No. 9-2023 of the Town of Arborg.

NOTE: "owner" includes any person who owns, keeps, harbours or has possession or control of an animal, or who owns, leases or occupies, either solely or jointly with others, any premises containing the animal or which contained the animal immediately prior to an attack by the animal or apprehension of the animal by the animal control officer or any other person.