

# PREMISES INFORMATION FORM

For the licensing of dog and cat breeders or kennels



Supplementary information to accompany application for Dog or Cat Kennel/Breeder Licence.

Owner: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. (Residence): \_\_\_\_\_  
\_\_\_\_\_ Phone No. (Business): \_\_\_\_\_

Email address: \_\_\_\_\_

Location: (Provide both legal description and directions to premises): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Housing and Accommodation:

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

All enclosed in stand-alone building:  Y  N

Kennels indoors; Runs 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  NA 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

**Attendants:**

Owners only:  Y  N No. of Employees \_\_\_\_\_

Describe daily habits regarding:

Feeding: \_\_\_\_\_

Cleaning: \_\_\_\_\_

Exercising: \_\_\_\_\_

Socializing: \_\_\_\_\_

Grooming: \_\_\_\_\_

**Veterinary Involvement:**

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

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

Frequency of Vaccinations - (Owner may be asked to provide proof of vaccinations; indicate in years):

Disease	Frequency in Years
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 licenced veterinarian?  Y  N

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

**Other:**

Are prospective buyers / boarders given access to view entire facility?  Y  N  N/A

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? \_\_\_\_\_

**Purebred Breeding Stock:**

Do you maintain purebred breeding stock in your breeding operation?  Y  N  N/A

Indicate Canadian Kennel Club assigned tattoo number: \_\_\_\_\_

Is a written contract available for purchasers?  Y  N Does it provide for a full refund?  Y  N

Describe provisions for adequate socialization of juveniles: \_\_\_\_\_

**Does your kennel or breeding operation meet all municipal by-laws and other applicable regulations that may affect the keeping of dogs and cats?  Y  N**

Written documentation required.

**I hereby certify that the foregoing information is true and correct. Furthermore I understand that my premises is subject to an inspection at any time by a duly appointed inspector, and that failure to disclose information, provision of false information, or failure to provide adequate care can result in immediate termination of a licence and/or charges being laid.**

**The owner is advised to make a copy of this completed report to keep for their own records.**

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

Owner: (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

The personal information on this form is being collected under the authority of *The Animal Care Act* and Regulations and will be used only for the purposes intended under that legislation. It is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of information, contact the Chief Veterinary Office, Manitoba Agriculture, Food and Rural Initiatives, 545 University Crescent, Winnipeg, MB R3T 5S6, telephone (204) 945-4246.