

PREMISES INFORMATION FORM

For the licensing of dog and cat breeders or kennels

Manitoba
Agriculture, Food
and Rural Initiatives



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

Owner: _____

Business Name: _____

Address: _____ Phone No. (Residence): _____

_____ Phone No. (Business): _____

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 vet? 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

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) 945-7685.

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: _____