Municipality of BAYHAM
A: P.O. Box 160, 56169 Heritage Line
Straffordville, ON N0J 1Y0
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Animal Rescue Facility License Application

APPLICANT INFORMATION:

Name:	**Address:**
E-mail:	**Phone No.**

ANIMAL RESCUE INFORMATION:

Name of Rescue:	**Address:**
E-mail:	**Phone No:**
Type of Breed:	**Property Zoning:**

Animal Rescue Facility Information/Requirements

Every person who holds an Animal Rescue Facility licence shall comply with the following requirements;

- ☐ The license shall be posted in a conspicuous place in the interior of the premises;
- ☐ Premises shall be maintained in a sanitary, well ventilated, clean condition and free from offensive odours;
- ☐ Dogs shall be kept in sanitary, well bedded, well ventilated, naturally lighted, clean and a healthy temperature shall be maintained at all times;
- ☐ Dogs shall be adequately fed, provided water and kept in a clean, healthy condition, free from vermin and disease;
- ☐ The rescue facility shall be in a separate building and shall not be attached to any building used or capable of being used for human habitation;
- ☐ The rescue facility and its location shall conform to the applicable zoning bylaw and the Ontario Building Code and the building shall be maintained;
- ☐ The floor shall be thoroughly cleaned daily, or more often if necessary;
- ☐ Cages shall be sized to allow the dogs to extend its legs to their full extent, to stand, sit, turn around or lie down in a fully extended position;
- ☐ Cages are to be constructed of metal, wire, or partly of wire and shall have

metal or other impermeable bottoms, which shall be cleaned and washed daily;

I _____understand/ agree to the following;

1. If the rescue facility is found not to conform to the by-law the Officer may revoke the license issued.

2. Every owner shall permit access to the facility for the purpose of inspection at all reasonable hours by an Officer.

3. Every owner will allow access to the facility for an annual inspection as part of the renewal process.

4. I will provide proof of an approved site plan. **(Include attachment)**

5. I understand that proper zoning is required and will be reviewed by staff.

6. I will provide proof of demonstration of operating in good faith through a reference letter by their primary veterinarian. **(Include attachment)**

7. I will provide an annual report regarding the adoption of dogs, including the number of dogs adopted, who adopted the dog, address of the new owner and date the dog was adopted.

8. I will pay the appropriate fee listed below.

Type of License	Fee
Animal Rescue Facility (First Time)	$150.00
Animal Rescue Facility (Renewal)	$100.00

Signature of Owner/Operator: _____

Date: _____

This application may contain personal information as defined under the Municipal Freedom of Information and Protection of Privacy Act. The information will be used by the Municipality of Bayham to process the application and determine whether to issue a license, for the administration of the Municipality's Animal Control Program and to ensure compliance with all applicable statues, regulations and by-laws. Direct information regarding this collection to the Clerk's Office at 519-866-5521.

Internal Use Only:	
Officer Signature :	**Date of Inspection:**
Approved ☐ **Denied** ☐ **Pending Re-inspection** ☐	**Date Issued:**