

**District of Hudson's Hope  
Animal Control  
Kennel Licence Application Form**

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

**Location of Kennel (Civic Address):** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Description of Dogs:**

Name : \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Colour: \_\_\_\_\_

Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_

Name : \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Colour: \_\_\_\_\_

Male \_\_\_\_\_ Neutered \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_

***For office use only***

Licence #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Fee: \$ \_\_\_\_\_