



### Excess Animal Permit Application

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

**PLEASE NOTE - Applicants with high amounts of violations of the Responsible Pet Ownership Bylaw will likely not be granted an Excess Animal Permit. Speak to a staff member for further assistance.**

Applicant: \_\_\_\_\_

Permit Address: \_\_\_\_\_  
Apt./Street No. Street Name Postal Code

Mailing Address: \_\_\_\_\_  
(If different) Apt./Street No. Street Name Postal Code

Own Property  Rent Property  \*Approval from property manager/owner required

Telephone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Application: Pets Only  Business

If applicable, operating under the business name of: \_\_\_\_\_

\*Property owner/manager: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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- A Breeder's Permit is also required for breeding of dogs and cats (As of July 1, 2022)
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?
  - Yes  No NOTE: A Conditional Use Permit from Zoning is also needed to board animals.
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: \_\_\_\_\_

**Excess Animal Permit includes the following animals over 6 months of age:**

Animal		Name	Breed	Male/Female Neuter/Spay	Current License Number	Colour	Age	Rabies vaccine expiry 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							
<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							
<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 Responsible Pet Ownership By-law, *The Animal Care Act* and all 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 City of Winnipeg website.
3. Applicants must attend or authorize another person to represent you at the Community Committee 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 \_\_\_\_\_

Received by Animal Services Agency \_\_\_\_\_ Activity Number \_\_\_\_\_





**EXCESS ANIMAL PERMIT APPLICATION  
CONSENT FOR THE INDIRECT COLLECTION AND DISCLOSURE OF  
INFORMATION COLLECTED UNDER *THE ANIMAL CARE ACT*  
Animal Care Check**

**Note: This document coincides with the agreement between you and the City of Winnipeg (the “City”) with respect to your application for an Excess Animal Permit under the Responsible Pet Ownership By-law No. 92/2013. This consent form must be read and signed by you before your application can be processed.**

For the purposes of the administration and processing of my application for an Excess Animal Permit I \_\_\_\_\_:

- (a) authorize the City to contact the government of Manitoba’s Office of the Chief Veterinary Officer (the “Office of the CVO”) for the purposes of determining whether I have been deemed by animal protection officers (“APOs”) to be non-compliant with *The Animal Care Act*, C.C.S.M. c. A84 (the “Act”) and collect information about any corrective action taken by APOs against me;
- (b) authorize the Office of the CVO to release to the City the following information about me, including my personal information:
  - i. instances where I have been deemed non-compliant with the Act by APOs;
  - ii. orders issued against me under the Act;
  - iii. convictions against me under the Act; and
  - iv. any other corrective action taken by APOs against me.
- (c) understand that any instance where I have been deemed non-compliant with the Act by APOs may result in my application for an Excess Animal Permit being denied;
- (d) understand that I have the right to withdraw my consent at any time by notifying the City. My consent cannot be withdrawn retroactively; and
- (e) understand that my personal information is being collected pursuant to section 36 of the *Freedom of Information and Protection of Privacy Act*, C.C.S.M c. F175, and that the information collected will be used for the purposes of the administration and processing of my application for an Excess Animal Permit and will not be used or disclosed for any other purposes, except as authorized by law. I further understand that I should direct any questions about the collection of the Information to the City’s responsible Access and Privacy Coordinator by email at [FIPPA@winnipeg.ca](mailto:FIPPA@winnipeg.ca).

I am 18 years of age or older. I have fully read this form and understand its terms, and I sign it freely and voluntarily.

**DATED** at The City of Winnipeg, in Manitoba, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
ADDRESS:  
\_\_\_\_\_