



## PET ESTABLISHMENT LICENSE APPLICATION FORM

(under Regulation 2010-299 Pet Establishment Regulation of the Government of New Brunswick)

### BUSINESS INFORMATION

Business Name:	Contact name:
Street Address(es): (Include addresses of all facilities related to this pet establishment. Attach separate sheet if required)	
Street/P.O. Box	
City:	Postal Code:
Postal Address if different from above:	

### CONTACT INFORMATION

Phone:	Fax:	E-mail:
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### LANGUAGE PREFERENCE

French	English
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### LICENSE CLASS

Kennel	Shelter	Pet Store
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### VETERINARIAN INFORMATION

Name, address and telephone number of veterinarian providing service to this pet establishment:

### ADDITIONAL INFORMATION

Have you ever been found guilty of an offence under an act of the Province or the Criminal Code of Canada related to the treatment of animals? YES NO (circle one)  
If so, when?

### PLEASE NOTE THE FOLLOWING:

Licenses are valid for one year after the issue date  
 Advertisements for pet establishments must include the name and license number of the pet establishment  
 No person shall alter or extend the premises of a pet establishment without first obtaining the approval of the NBSPCA

Please consult the following websites for information about the mandatory standards of care for pet establishments:  
<http://canadianveterinarians.net/publications-resources-order.aspx>  
<http://www.gnb.ca/0062regs/s-12reg.htm>  
<http://www.spcanb.ca/english/>

Information may also be obtained by contacting the New Brunswick SPCA by phone at 506-458-8208 or by mail at P.O. Box 1412, Station A, Fredericton, NB E3B 5E3

I hereby certify that the foregoing information above is true and correct. Furthermore, I understand that failure to disclose information, provision of false information or failure to provide adequate care may lead to the immediate suspension or cancellation of a license and/or charges being laid.

Owner: (print)	Signature:
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Date: