



**Application for Exemption from the number of permitted dogs**

**Canine Control By-law No. 2017-077**

The undersigned ("the applicant") hereby requests the Canine Control Appeal Committee for the Town of New Tecumseth to consider this application for an exemption from the number of permitted dogs as per the Town of New Tecumseth Canine Control By-law 2017-077. [The maximum number of permitted dogs is three (3) in an urban area and five (5) in a rural area.]

1. Dog Owner:

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

2. Dogs at Premises:

Dog's Name: \_\_\_\_\_ License # \_\_\_\_\_  
Breed: \_\_\_\_\_ Colour: \_\_\_\_\_  
Age: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ License # \_\_\_\_\_  
Breed: \_\_\_\_\_ Colour: \_\_\_\_\_  
Age: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ License # \_\_\_\_\_  
Breed: \_\_\_\_\_ Colour: \_\_\_\_\_  
Age: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ License # \_\_\_\_\_  
Breed: \_\_\_\_\_ Colour: \_\_\_\_\_  
Age: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ License # \_\_\_\_\_  
Breed: \_\_\_\_\_ Colour: \_\_\_\_\_  
Age: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ License # \_\_\_\_\_  
Breed: \_\_\_\_\_ Colour: \_\_\_\_\_  
Age: \_\_\_\_\_

(Please attach additional sheet if necessary)

5. Fenced yard? Yes No
6. Previous Complaints Yes No

If yes, please explain:

---

---

---

---

7. Reason for request for exemption:

---

---

---

---

---

---

---

---

---

---

---

---

As a result of making this application, the undersigned acknowledges, covenant and agrees to adhere to all Provincial Public Health Restrictions as of the date of this application and to indemnify and save harmless the Town of New Tecumseth from any liability for medical issues arising from the processing of this application howsoever arising.

\_\_\_\_\_  
Signature of Dog Owner

\_\_\_\_\_  
Date (yyyy/mm/dd)

Note:

Personal information is being collected under the authority of the Municipal Act 2001, S.O. 2001, c.25, as amended and will be used by the Town of New Tecumseth to process this application and to ensure compliance with all applicable statutes, regulations and by-laws. Questions regarding the collection of this information should be directed to the Clerk of Administration, Town of New Tecumseth, 24 Tupper Street West, Alliston, Ontario, L9R 1H2, Email: [clerk@newtecumsth.ca](mailto:clerk@newtecumsth.ca) or Telephone: 705-435-3900/Fax: 705-435-2873.