



Applicant Information
Applicant Name:
Mailing Address:
Contact Name: Phone:
E-mail:
Kennel Details
Dog Kennel Address/Location:
Number of Dogs:
Dog Breed Type(s):
Are all animals current with rabies and distemper shots?
Confirmation of Details Provided
I hereby state that the above information is true to the best of my knowledge;
that I am familiar with the provisions of the Town of Inuvik Responsible Pet Ownership By-law; and I agree to comply with the
provisions thereof.
Applicant Signature: Date:
OFFICE USE ONLY
Date received:
Date received.
Date approved/denied/modified:
Event Authorized by: Approved Denied Modified Approval
Notes (if any):