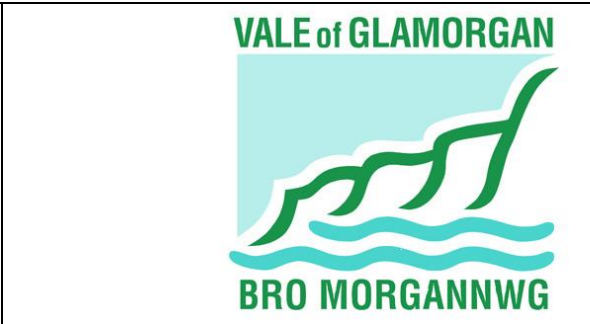


Applications are to be returned to:
Licensing Team
Public Protection
Civic Offices
Holton Road
Barry
Vale of Glamorgan
CF63 4RU
Tel: 01446 709105



**Application for a Licence to Keep an Animal Home Boarding Establishment
 Section 1 Animal Boarding Establishments Act 1963**

1a Applicant details. *(all correspondence will be sent to this address)*

Mr Mrs Miss Other

Full name	
House no and Street	
District	
Postcode	
Telephone number	
Email address	

1b Additional applicant details *(if more than one applicant or applying as a partnership etc)*

Mr Mrs Miss Other

Full name	
House no and Street	
District	
Postcode	
Telephone number	
Email address	

2. Establishment details *(this will used on the licence)*

Name	
Name/no. and street	
District	
Postcode	
Telephone number	

3. Please give details of the number of animals that you would wish to keep at the establishment.

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4. Please give details of your veterinary surgeon or surgeons you are registered with for the purpose of home boarding establishment.

Name(s) of surgeon(s)	
Name of practice	
Name/no. and street	
District	
Postcode	
Telephone number	

5. Are you or any person who will have control or management of the establishment disqualified for the time being from:

Keeping a riding establishment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Keeping a dog	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Keeping a pet shop	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Having custody of a dog	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Keeping a boarding establishment for dogs	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered yes to any of the above please provide further details:

6. What arrangements have been made in case of emergency?

7. What arrangements have been made to isolate a dog should the need arise?

I /We declare to the best of my/our knowledge and belief that the above information is correct. I/We understand that if I/we knowingly or recklessly make a false statement or omission, I/we render myself/ourselves liable to prosecution and my/our licence may be suspended or revoked.

I/We understand that in pursuance of the prevention or detection of crime, personal information may be released to Government Agencies such as the Benefits Agency and the Inland Revenue.

Signed..... Date
(applicant)

Print name

Signed..... Date
(applicant)

Print name

(If the licence is to be issued in joint names both applicants must sign the declaration).

FOR OFFICE USE ONLY

Date of Inspection _____ Recommendation _____

Date reported to Council and Decision _____

No. of Licence _____ Date entered in register _____