



SECTION 1 PET ANIMALS ACT 1951
APPLICATION FOR LICENCE TO KEEP A PET SHOP

To the VALE OF GLAMORGAN COUNCIL

I/WE _____

as (proposed) occupier(s) of the premises hereinafter mentioned **HEREBY MAKE APPLICATION** in pursuance of the provisions of Section 1 of the Pet Animals Act 1951, for a **LICENCE TO KEEP A PET SHOP** at the premises of which particulars are given below.

I/WE enclose herewith the sum of £125.00 being the fee payable in respect of the Licence applied for.

(The fees payable in respect of animal licences will be as above plus the additional associated Council's costs of veterinary fees in determining the application or during the period for which the licence is valid).

PARTICULARS

Section 1 – Personal details

Address: _____

Postcode: _____

Contact telephone number: _____

Mobile: _____

Section 2 – Establishment details

1. Address of premises

2. Please give details of the type of accommodation to be used. *Include details of number and size of rooms that will be used.*

3. Please give details of the type and number of animals that will be kept at the premises and the age at which they will be sold.

4. What provisions have been made to keep and maintain a register of animals received and sold at the establishment?

5. What arrangements have been made to provide adequate lighting at the establishment?

6. What arrangements have been made to provide adequate heating at the establishment?

7. What arrangements have been made to provide adequate ventilation at the establishment?

8. What arrangements have been made to provide adequate water at the establishment?

9. What arrangements have been made for the storage of food at the premises?

10. What arrangements have been made to provide adequate exercise arrangements at the establishment?

11. What arrangements have been made to provide adequate disposal of excreta and used bedding at the establishment?

12. What arrangements have been made to provide adequate isolation facilities at the establishment?

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

a) Keeping a riding establishment?

YES/NO

b) Keeping a dog?

YES/NO

c) Keeping a pet shop?

YES/NO

d) Having custody of a dog?

YES/NO

e) Keeping a boarding establishment for dogs?

YES/NO

If you have answered yes to any of the questions a) to e), please give full details including the date of conviction on a separate sheet.

14. What arrangements have been made in case of an emergency?

15. Please give details of your veterinary surgeon or surgeons if more than one is used. *Please include their full name, address and contact number.*

I/WE DO HEREBY CERTIFY that to the best of my/our knowledge and belief the above particulars are true.

Date: _____

Signed: _____

Print name: _____
