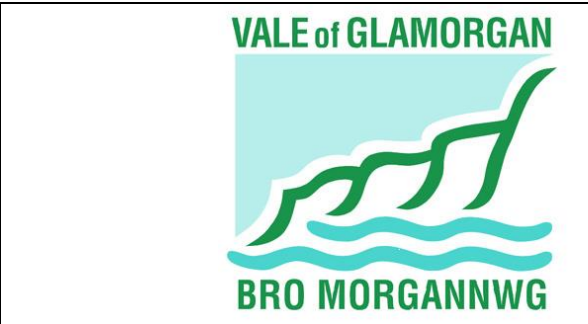


Applications are to be returned to:  
**Licensing Team**  
**Public Protection**  
**Civic Offices**  
**Holton Road**  
**Barry**  
**Vale of Glamorgan**  
**CF63 4RU**  
**Tel: 01446 709105**



**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).

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**FOR OFFICE USE ONLY**

Date of Inspection \_\_\_\_\_ Recommendation \_\_\_\_\_

Date reported to Council and Decision \_\_\_\_\_

No. of Licence \_\_\_\_\_ Date entered in register \_\_\_\_\_