

**THE ANIMAL WELFARE (LICENSING OF ACTIVITIES INVOLVING ANIMALS) (ENGLAND) REGULATIONS 2018 LICENCE APPLICATION FOR: BREEDING DOGS**

***Please complete all sections with as much information as possible. Any omissions or errors may delay the processing of your application.***

# LICENCE DETAILS

#  New Application  [ ]  Renewal [ ]

# DETAILS OF APPLICANT

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Operator must be an individual |  |  D.O.B |   |
| Home Address |  |
| Telephone |  |
| e-mail |  |

1. **PREMISES**

|  |  |
| --- | --- |
| Trading Name |  |
| Address |  |
| Telephone |  |
| Details of any webpages or social media |  |

1. **ACCOMMODATION AND FACILITIES**

|  |  |  |
| --- | --- | --- |
| a. | Construction and size of outside kennels*(where applicable)* |  |
| b. | Number and size of rooms at the premises*(where applicable)* |  |
| c. | Heating arrangements |  |

|  |  |  |
| --- | --- | --- |
| d. | Method of ventilation |  |
| e. | Lighting arrangement*(both natural and artificial)* |  |
| f. | Water supply |  |
| g. | Facilities for food storage and preparation |  |
| h. | Arrangements for disposal of excreta, bedding and other waste material |  |
| i. | Isolation facilities for the control of infectious diseases |  |
| j. | Fire precautions/equipment and arrangements in the case of fire |  |
| k. | Normal times of attendance *(where not supervised 24 hours/day)* |  |

1. **REGISTER OF BREEDING BITCHES**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dog Name & Microchip No | Breed | DOB | Sex | Litter 1Date/No of puppies | Litter 2Date/No of puppies | Litter 3Date/No of puppies | Litter 4Date/No of puppies | Litter 5Date/No of puppies | Litter 6Date/No of puppies | Caesarean? |
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1. **REGISTER OF LITTER & SALES**

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| --- | --- | --- |
| a. | What arrangements will you use for keeping a register of breeding, litters and sales?(e.g. computer/cards/files) |  |

1. **ANCILLARY ISSUES**

|  |  |  |
| --- | --- | --- |
| a. | Provide contact details of your Veterinary Surgeon |  |
| b | Provide contact details of any other Veterinary Practices used such as equine, etc |  |
| c. | Provide details of Public Liability Insurance (loss, accident to dog etc.) |  |
| d. | Have you consulted the Council’s planning department for advice on any requirements for planning permission? |  |

1. **DISQUALIFICATIONS AND CONVICTIONS**

Has the applicant or any person who will have control or management of the establishment ever been:-

 *Please select box*

|  |  |
| --- | --- |
| a. disqualified from keeping a pet shop, dog, animal boarding establishment, riding establishment or custody of any animal? | [ ]  YES / [ ]  NO |
| b. convicted of any offence(s) under Animal Welfare or Wildlife Legislation? | [ ]  YES / [ ]  NO |
| c. refused a licence refused or had one revoked or cancelled? | [ ]  YES / [ ]  NO |

|  |
| --- |
| If **YES**, provide further details: |

# SUPPORTIVE INFORMATION

**Please enclose a copy of the following to support your application:**

|  |  |  |
| --- | --- | --- |
| [ ]  | A plan of the premises. |  |
| [ ]  | Operating procedures as outlined in the Regulations for example feeding regimes, cleaning procedures, transport procedure, infection control, emergency procedures. |  |
| [ ]  | Training records and qualifications |  |
| **Please provide any additional supportive information you feel is relevant to your application:** |

# DECLARATION

[ ]  I certify that to the best of my knowledge and belief, the above particulars are true and apply for a licence at the premises, as specified, under the LAIA Regulations.

[ ]  I have read and understood the legislative requirement, licensing conditions and associated guidance in relation to such activities.

[ ]  I agree to pay the appropriate licence fees. NOTE: payment can only be made by a debit /credit card via an online link which will be sent to you when we have received your application.

[ ]  I agree to the Council sharing information with relevant agencies such as the Council’s appointed Veterinary surgeons.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  |  Date |  |
| Designation  |  |

Send to: **Department of Place**

Environmental Health

5th Floor, Britannia House

Hall Ings, Bradford, BD1 1HX

Email: eh.a eh.admin@bradford.gov.uk