

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

**PROVIDING BOARDING FOR CATS OR DOGS**

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

|  |  |  |
| --- | --- | --- |
| **1.** | **LICENCE DETAILS** |  |
|  | New Application | [ ]  | Renewal | [ ]  |
| **2.** | Boarding for cats in catteries**DETAILS OF APPLICANT** | [ ]  | Boarding in kennels for dogs | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Operator*must be an individual* |  |  DOB |  |
| Home Address |  |
| Telephone |  |
| e-mail |  |

# ANIMAL BOARDING ESTABLISHMENT

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

1. **ANIMALS AND ACCOMMODATION**

 **Please select box**

|  |  |  |
| --- | --- | --- |
| a. | Proposed number of animals to be accommodated | Accommodation: for dogs [ ]  Accommodation for cats [ ] DOGS CATS |
| b. | What is the main construction of the individual quarters (i.e. walls, floor, partitions, doors etc.?) |  |

|  |  |  |
| --- | --- | --- |
| c. | Provide details of the number of individual quarters/units along with information on their size and dimensions for both the sleeping and exercise areas. |  |

1. **FACILITIES AND ARRANGEMENTS**

|  |  |  |
| --- | --- | --- |
| a. | Heating arrangements |  |
| b. | Method of ventilation |  |
| c. | Lighting arrangement (both natural and artificial) |  |
| d. | Water supply |  |
| e. | Facilities for food storage and preparation |  |
| f. | Arrangements for disposal of excreta, bedding and other waste material |  |
| g. | Isolation facilities for the control of infectious diseases |  |
| h. | Fire precautions/equipment and arrangements in the case of fire |  |
| i. | Arrangements for keeping a register/record of animals |  |
| j. | Arrangements for minimising the disturbance from noise |  |

1. **ADDITIONAL INFORAMTION**

|  |  |  |
| --- | --- | --- |
| a. | Provide details of your registered veterinary surgeon |  |
| b. | Provide details of your current policy which insures you against public liability |  |
| c. | Provide details of any planning permission for the boarding establishment *(where possible enclose a plan)* |  |

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 where required to support your application:**

**Please select box(es)**

|  |  |
| --- | --- |
| [ ]  | A plan of the premises |
| [ ]  | Operating procedures General Condition 9.1 (including risk programmes, infection control, assessments, cleaning evacuation plans etc |
| [ ]  | 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 am aware of 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 Vets.

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

Send to: **Department of Place**

Environmental Health

5th Floor, Britannia House

Hall Ings, Bradford, BD1 1HX

eh.admin@bradford.gov.uk