

APPLICATION FOR ANIMAL ACTIVITY LICENCE

Application form part 2a: Selling animals as pets

Business Trading Name	
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Section A. Type of business (please tick all that apply)	
Pet shop	<input type="checkbox"/>
Home sales	<input type="checkbox"/>
Internet sales	<input type="checkbox"/>
Wholesale	<input type="checkbox"/>
Third party sales	<input type="checkbox"/>
Hobby sales (e.g. pet fairs)	<input type="checkbox"/>
Sale of animals to the public as pets by means of a fixed or minimum donation	<input type="checkbox"/>
Other, please provide details:	<input type="checkbox"/>

Section B. Qualifications	
Do you as the applicant hold any formal qualification(s) relating to pet shop management or the sale of/care of animals?	yes/no
If yes, give details (including names and dates of qualifications), if no provide details of relevant experience:	

Section C. Animals to be sold (please continue onto an extra sheet if required)			
Type		Maximum number	Age at which to be sold
Dogs/puppies	yes/no		
Cats/kittens	yes/no		
Chipmunks	yes/no		
Rabbits/cavies	yes/no		
Hamsters	yes/no		
Rats, mice, gerbils	yes/no		
Larger domesticated mammals, e.g. goats or pot-bellied pigs	yes/no		
Primates, e.g. marmosets	yes/no		
Pigeons	yes/no		
Other large birds (please specify)	yes/no		
Budgerigars, finches, other small birds	yes/no		

Tortoises	yes/no		
Snakes, lizards	yes/no		
Tropical fish	yes/no		
Marine fish	yes/no		
Cold water fish	yes/no		
Any other species (please specify)	yes/no		

Section D. Accommodation and facilities (please continue onto an extra sheet if required)

Number and size of rooms to be used	
Heating arrangements	
Method of ventilation	
Lighting arrangements (natural and artificial)	
Water supply	
Facilities for food storage/preparation	
Arrangements for disposal of excreta, bedding and other waste material	
Isolation facilities for the control of infectious diseases	
Fire precautions/equipment	
Do you keep and maintain a register of animals?	
When the premises are closed, what arrangements are in place to enquire the welfare of animals?	

Section E. Veterinary surgeon

Please give details (including name, address and contact details) of usual veterinary surgeon:

Section F. Emergency key holder(s)	
Do you have an emergency key holder? (if no go to next section)	yes/no
Name	
Position/job title	
Address	Postcode
Contact telephone number(s)	
Email address	

Section G. Additional information
Please provide any additional pertinent information not previously provided:

Section H. Public liability insurance	
Do you have public liability insurance? (if no go to next section)	yes/no
Insurance company	
Policy number	
Period of cover	Start date: End date:
Amount of cover	

Section I. Declaration (please read and tick to confirm)	
I hereby certify that all statements in this application are correct and true to the best of my knowledge.	<input type="checkbox"/>
Signed	
Print name	
Date signed	