

**APPLICATION FOR ANIMAL  
ACTIVITY LICENCE**

**Application form part 2e: Dog breeding establishment**

<b>Business Trading Name</b>	
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**Section A. Dogs** (please continue onto an extra sheet if required)

Breed(s) of dogs concerned	
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Number of bitches kept	
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Bitches are:	Owned by the applicant <input type="checkbox"/>	Co-owned by the applicant <input type="checkbox"/>	On breeding terms <input type="checkbox"/>
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Please provide details of the ages of the bitches kept	
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Number of studs kept	
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Studs are:	Owned by the applicant <input type="checkbox"/>	Co-owned by the applicant <input type="checkbox"/>	On breeding terms <input type="checkbox"/>
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Please provide details of the ages of the studs kept	
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**Section B. Accommodation** (please continue onto an extra sheet if required)

Dogs are kept	Wholly indoors <input type="checkbox"/>
	Wholly outdoors <input type="checkbox"/>
	Combination indoors and outdoors <input type="checkbox"/>

Details of accommodation used Include details of number, size and type of construction	
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Exercise facilities and arrangements	
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Heating arrangements	
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Method of ventilation	
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Lighting arrangements (natural and artificial)	
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Water supply	
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Facilities for food storage & preparation	
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Arrangements for disposal of excreta, bedding and other waste material	
Isolation facilities for the control of infectious diseases	
Fire precautions/equipment and arrangements in the case of fire	
Do you keep and maintain a register of animals?	
How do you propose to minimise disturbance from noise?	

<b>Section C. Veterinary surgeon</b>
Please give details (including name, address and contact details) of usual veterinary surgeon:

<b>Section D. Emergency key holder(s)</b>	
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	

<b>Section E. Public liability insurance</b>		
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		

<b>Section F. Declaration</b> (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	