

Licensing Department
Cardiff Council
Room 206, City Hall
Cathays Park
Cardiff
CF10 3ND

Tel: 029 2087 1651
Email: licensing@cardiff.gov.uk



APPLICATION FOR A DOG BREEDING ESTABLISHMENT LICENCE

Breeding of Dogs Act 1973, The Animal Welfare Act 2006 &
The Animal Welfare (Breeding of Dogs) (Wales) Regulations 2014

GRANT **RENEWAL** (please tick as applicable)

1. APPLICANT

Full Name of applicant	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____
Trading as (if applicable):
Address (for correspondence):	Postcode: _____
Postal address of premises if different to above	Postcode: _____
Tel No:	Home: _____ Mobile: _____
Email:	_____

2. TOTAL NUMBER OF BITCHES, DOGS AND PUPPIES

Breed	Maximum Bitches requested:	Maximum Stud Dogs requested:
Please estimate the maximum number of puppies that may be present at your premises at any one time:		

3. RELEVANT OFFENCES

Have you ever been convicted or disqualified under any of the Acts listed below?

(Please note that any declaration will be subject to the Rehabilitation of Offenders Act 1974).

Animal Boarding Establishment Act, 1963	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Breeding of Dogs Act, 1973	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Pet Animal Act, 1951	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
The Dogs (Northern Ireland) Order 1983	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Riding Establishments Act, 1964	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dangerous Wild Animals Act, 1976	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Animal Welfare Act, 2006	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Welfare of Animals Act (Northern Ireland) 2011	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Animal Health & Welfare (Scotland) Act 2006	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Protection of Animals (Amendment) Act, 1954	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have answered yes to any of the above, please give further details, including the date of conviction:

4. FACILITIES AT PREMISES

a) How will the premises be ventilated?

<p>b) How will the premises be heated?</p>
<p>c) How will light be provided at the premises?</p>
<p>d) What measures will be taken to prevent or treat vermin infestations?</p>
<p>e) How will waste be disposed of from the Premises? If a waste management contract is in place, please enclose a copy of this contract with your application.</p>
<p>f) What disinfectant will be used to clean the Premises?</p>
<p>g) What arrangements have been made to provide adequate water at the establishment?</p>
<p>h) What arrangements have been made for the storage of food at the premises?</p>

<p>i) What arrangements have been made to provide adequate exercise at the establishment? <i>(Please detail where and how dogs will be exercised, and for how long on how many occasions per day)</i></p>
<p>j) What arrangements have been made to provide adequate bedding at the establishment?</p>
<p>k) What isolation facilities are available, and where are they?</p>
<p>l) What fire precautions and equipment are available at the premises?</p>
<p>m) What arrangements have been made in the case of an emergency?</p>

5. STAFF/ KNOWLEDGE *(Please include yourself)*

a) No. of staff	<p>Full time: _____ Part time: _____</p> <p>Please note a full time staff member will work a minimum of 37hrs per week, a part time staff member will work a minimum of 18.5 hours per week.</p>
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b) What experience, or qualifications do you, or your staff have in relation to the breeding of dogs?

<u>Name</u>	<u>Experience/ Qualification/ On-site training</u>

6. VETERINARY DETAILS

Please provide details of the Veterinary practice you are registered with.

Name	
Address	
	Postcode:
Tel. No	

7. KENNELS/ WHELPING PENS (Please provide details of the type of accommodation to be used- *Include details of whether the accommodation will be inside, outside or a combination of both, construction description and the size of exercise and sleeping areas*).

Number	Description

8. DECLARATION
<p>I hereby confirm that:</p> <ul style="list-style-type: none"> ➤ I am over 18 years of age. ➤ I will comply with the requirements under: <ul style="list-style-type: none"> • The Breeding of Dogs Act 1973 • The Animal Welfare Act 2006 • The Animal Welfare (Breeding of Dogs) (Wales) Regulations 2014 • The Standard Licence conditions attached to a Dog Breeding Establishment Licence • Any specific conditions the Licensing Authority deem appropriate to attach to my Dog Breeding Licence
<p>I have enclosed (please tick as appropriate):</p> <p><input type="checkbox"/> The fee of £321 in respect of this application.</p> <p>Cheques made payable to 'Cardiff Council' are accepted by post or at our offices at Cardiff Council, Licensing Section, City Hall, Cathays Park, Cardiff, CF10 3ND</p> <p>Payments made by debit card are accepted by telephone Monday to Friday 10am until 3pm on 029 2087 1651. The application form must be submitted and received by us prior to making payment. If you would like us to contact you to take payment, please give the contact telephone number here _____</p> <p>***Please note we are unable to accept credit cards***</p> <p>If you wish to make payment by BACS, please contact us for the relevant details.</p>

- A copy of the waste collection contract, as per section 4(e) of this application form.
- A list of Dogs and Bitches owned for Breeding purposes
- Environment & Enrichment Programme
- Socialisation Programme
- (Renewal only)** A Health and Welfare report from your veterinary surgeon that all animals identified on the 'List of Dogs and Bitches owned for Breeding purposes' are fit to be used in the breeding establishment. The report must have been prepared within three months of the date of the renewal date of the licence.
- Plan of the premises

I hereby certify that to the best of my knowledge and belief the information I have provided on this application for a Dog Breeding Establishment Licence are true.

I understand that if I knowingly or recklessly make a false statement or omission I render myself liable to prosecution and my Licence may be suspended or revoked.

Signed	
Print Name	
Date	

Any data supplied by you on this form will be processed in accordance with Data Protection Act requirements and in supplying it you consent to the Council processing the data for the purpose for which it is supplied. All personal information provided will be treated in the strictest confidence and will only be used by the Council or disclosed to others for a purpose permitted by law