



**BREEDING OF DOGS ACT 1973 (AS AMENDED)**

**Application For A Licence To Keep A Breeding Establishment For Dogs**

**Applicant's details**

Name of Applicant:

Date of Birth                  National Insurance No.

Home Address:.

Daytime telephone number

Is any person named in this form disqualified from:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| a) keeping any dangerous wild animals?       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) keeping a dog?                            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) having the custody of animals?            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) keeping a pet shop?                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e) keeping an animal boarding establishment? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f) keeping a riding establishment?           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g) keeping a dog breeding establishment?     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

(If 'Yes', please give details)

Have you ever been convicted of an offence under the following Acts of Parliament?

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| a) Dangerous Wild Animals Act 1976                       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) The Protection of Animals Acts 1911 & 1964            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) The Protection of Animals (Scotland) Acts 1912 & 1964 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) The Pet Animals Act 1951 (as amended)                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e) The Animal Boarding Establishments Act 1963           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| f) The Breeding of Dogs Act 1993                         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| g) Riding Establishments Acts 1964 & 1970                | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

(If 'Yes', please give details of the date, court and sentence)

**Premise details**

Trading Name:

Address of Premise for which the licence is required

Telephone number:

**Application details**

Type & number of animals which are intended to be accommodated on the premise:

Number, construction and size of quarters in which animals are (will be) accommodated:

Numbers of bitches kept and their ages:

Exercise facilities provided:

Heating arrangements:

Lighting arrangements:

Method of ventilation of premises:

Type of water supply:

Arrangements for disposal of excreta:

Description of isolation facilities for the control of infectious disease:

Fire precautions and equipment:

Has planning permission to use the premises as a Dog Breeding Establishment been obtained:

Yes  No  **If yes please attach a copy of the planning consent.**

Please confirm if you are attaching a copy of the planning consent: Yes  No

Please confirm if you are sending a copy of the planning consent by post.  
(If sending by post please put name on top of all correspondence) Yes  No

**DECLARATION**

Before submitting this application form you must agree to meet the following requirements:

- The application form has been completed by you as the applicant and not a third party;
- You will be available to attend, in person, any appointment and / or inspection, resulting from the submission of this application, and conducted by an officer of this authority;
- You will make available any supporting documentation / information required as part of considering this application at the time of any appointment / inspection and provide copies of such documents if required.
- The details contained in the application form are correct to the best of your knowledge and belief;

I agree to meet the requirements stated above

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**IMPORTANT NOTE:**

The applicant must only sign the declaration below at the time of any subsequent appointment / inspection, resulting from the submission of this application, and conducted by an officer of this authority.

**DECLARATION**

I confirm that the details contained in this application form were completed by me electronically on **09/09/2008** and that the details contained in the application form are correct to the best of my knowledge and belief.

Applicant's signature:..... Date:.....

In order that we can send confirmation and ask queries in relation to the form if applicable please give your e-mail address :

E-mail Contact Name:  
E-mail Address:

## **SUBMITTING AND PAYING FOR YOUR APPLICATION**

If you wish to complete the application process online by e-mail, save your form and then send the file as an attachment to the following address:-

[env.health@cambridg.gov.uk](mailto:env.health@cambridg.gov.uk)

Once your application has been received you will be sent an invoice for the administration fee.

**NOTE: The cost of any independent vet required to be used, by the Council, as part of the application process will be charged to the applicant as an additional fee.**

**Please note until payment has been received the application will not be accepted.**

For queries please contact:-

Environmental Services  
Cambridge City Council  
Mandela House  
4 Regent Street  
Cambridge  
CB2 1BY

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fax 01223 457909