

## **DANGEROUS WILD ANIMALS ACT 1976**

## **Application For A Licence To Keep A Dangerous Wild Animal**

Applicant's details
Full Name of Applicant: Date of Birth National Insurance No
Home Address:
Daytime telephone number
Address of premises at which the animal(s) will normally be held:
Are you disqualified from:
a) keeping any dangerous wild animals? b) keeping a dog? c) having the custody of animals? d) keeping a pet shop? e) keeping an animal boarding establishment? f) keeping a riding establishment? g) keeping a dog breeding establishment? Yes No
(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 b) The Protection of Animals Acts 1911 & 1964 c) The Protection of Animals (Scotland) Acts 1912 & 1964 d) The Pet Animals Act 1951 (as amended) e) The Animal Boarding Establishments Act 1963 f) The Breeding of Dogs Act 1993 g) Riding Establishments Acts 1964 & 1970  Yes No
(If 'Yes', please give details of the date, court and sentence)

Application details		
Specify the species of animal(s) including the scientific name(s) and the number of animal(s)	of	
each species either kept or proposed to be kept under the authority of the licence:		
Do you both own and possess all the animals listed above?  Yes  No   Ves  No  Ves  No  Ves  Ves  Ves  Ves  Ves  Ves  Ves  Ves		
(If No, please give details of ownership and possession)		
Are you the holder of a current insurance policy which insures you against liability for any		
damage which may be caused by the animal(s) listed above?  Yes  No		
(If 'Yes' either enclose with your application documentary evidence that you hold such insurance of	or	
make available at time of inspection of premise).		
(if 'No' state what steps you are taking to obtain such insurance)		
Please give the following information about the escape proof accommodation in which the animal(s) listed above will be held:		
a) Construction:		
b) size:		
c) arrangements for		
i) drainage:		
ii) ventilation:		
iii) temperature control:		
iv) lighting:		
d) arrangements to be made:		
i) for the provision, storage and preparation of food and drink:		
ii) for ensuring adequate exercise:		
iii) for ensuring veterinary care, including preventative measures and the control of the	ne	
spread of infectious disease:		
iv) in the event of fire or other emergencies:		
v) for the disposal of excreta:		
Do you intend to breed from the animal(s)?		
Do you intend to remove the animals from the premises identified above, for any reason?  Yes  No		
(If <b>yes</b> , please give details)		
N.B. A licence may run either from its date of issue or from 1 April next and remains valid for the remainder of the year in which it is issued.		
Do you wish the licence to run from:  A) its date of issue or		
B) April 1 <sup>st</sup>		

## **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;

It is agreed that an officer, veterinary surgeon or veterinary practitioner authorised by the Council may inspect the premises which are the subject of this application before any licence is granted.

agree to meet the requirements stated above
MPORTANT NOTE:
The applicant must only sign the declaration below at the time of any subsequent appointment / nspection, resulting from the submission of this application, and conducted by an officer of this authority.
DECLARATION
confirm that the details contained in this application form were completed by me on and that the details contained in the application form are correct to the best of my knowledge and belief.
Applicant's signature: Date: Date:
n order that we can send confirmation and ask queries in relation to the form if applicable blease 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@cambridge.gov.uk

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

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 or processed.

For queries please contact:-

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

01223 457890