Pembrokeshire County Council

ANIMAL WELFARE ACT 2006

THE ANIMAL WELFARE (BREEDING OF DOGS) (WALES) REGULATIONS 2014

APPLICATION FOR A LICENCE TO KEEP A BREEDING ESTABLISHMENT FOR DOGS

IN EXCESS OF 30 ANIMALS

1. Applicant

(Please PRINT full name/s, as this/these will appear on your licence)

Applicant/s Full Name/s: ……..
……
Trading as (If applicable): ……
……
Address: ……..……
……
……..
Telephone number: ..……..
Mobile number: ……..
E-mail address: .....

2. 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).*

(Tick, where applicable)	Yes	No
Animal Boarding Establishment Act, 1963		
Breeding of Dogs Act, 1973		
Pet Animal Act, 1951		
The Dogs (Northern Ireland) Order 1983		
Riding Establishments Act, 1964		
Dangerous Wild Animals Act, 1976		
Animal Welfare Act, 2006		
Welfare of Animals Act (Northern Ireland) 2011		
Animal Health & Welfare (Scotland) Act 2006		
Protection of Animals (Amendment) Act, 1954		

If you answer **YES** to any of the above, please give further details:
……
……
……
.....

3. Please detail all dogs over 6 months of age kept at the breeding establishment:

Breed	Number of Bitches	Number of Stud Dogs	Total

Please estimate the maximum number puppies that may be present at your premises at any one time.

Maximum number of puppies at any one time	

4. In order to determine your staff to dog ratio as required by the Regulations please indicate the total number of employees or people who help at your establishment (you should also include yourself in this calculation)

Total number of attendant working at the premises .....

Please ensure that you complete the following table

Full name	**Full/part-time***

N.B. Full-time at least 37 hours per week Part-time between 18.5 and 37 hours per week

5. Where do you intend to exercise your dogs?

	(Tick, where applicable)
Exercise yard on premises	
Private Land	
Lead Walking	

Exercise information (number of times per day etc):
How do you intend to do so? Limited or Free Access (as intended by your Enhancement and Enrichment Plan)
……
……
……...

6. Veterinary surgeon name and address .....

.....
.....

7. Declaration

- ***I am the occupier of the premises detailed above, and hereby make application in pursuance of the provisions of section 13 (1) of the Animal Welfare Act 2006, for a licence to keep a Breeding Establishment for Dogs at the premises of which particulars are given above.***

- ***I do hereby certify that to the best of my knowledge and belief, the above particulars are true and that I am over 18 years of age.***

- ***(<u>New start-up premises only</u>) I am aware that as well as paying the licensing fee, a Veterinary licensing fee is also payable which will be invoiced on completion of the inspection.***

- ***I enclose a completed Enhancement and Enrichment Programme and also a Socialisation Programme with this application. I am aware that the regulations state that the licence cannot be issued if the Council does not receive satisfactory programmes.***

Name: ……

Signed: ……

Date: ……

Return application form to:

Animal Health & Welfare
Pembrokeshire County Council
County Hall
Haverfordwest
Pembrokeshire
SA61 1TP

Payment options on reverse:

Licence Payment options: Debit / Credit Card, Cash, Cheque, BACS

Licence fee payable:	**DOG £647.50**
Payment Reference:	**GP08AL69444GENERAL**
(Trading Name) Narrative:	
Date PAID:	
Authorisation / Audit code:	

- Debit / Credit Card – Register / Login to "My Account" on www.pembrokeshire.gov.uk (select "Make a payment", "More Options", "Animal Licensing", "Pay Licensing Fee")

- Cash payments will only be accepted via the Cashiers Desk located in County Hall, Haverfordwest, SA61 1TP. Please do not send cash in the post!

- Cheques should be made payable to "Pembrokeshire County Council" – Please avoid sending cheques where possible.

- BACS –

Name of Bank Account: Pembrokeshire County Council
Address of Bank: 32 High Street, Haverfordwest, Pembrokeshire, SA61 2DA
Name of Bank: Barclays Bank
Sort Code: 20-37-90
Account Number: 53671917
Please forward remittances to: remittances@pembrokeshire.gov.uk
VAT Registration Number: 655 8237 10
***Please ensure to include the Payment Reference and Narrative as given above.**

Please indicate below the date and method of payment chosen. No inspections can be undertaken until payment has been confirmed and a complete application received.

Payment Method	Date Payment Made	Reference
Cash		
Cheque		
BACS		
Direct Debit	**Form to be sent with Application**	

All information that we hold concerning you as an individual will be retained and processed by the Animal Health & Welfare Team strictly in accordance with the provisions of the General Data Protection Regulations 2016, as set out in our Fair Processing Notice. A full version of this notice can be viewed at https://www.pembrokeshire.gov.uk/privacy-promise/departmental-privacy-notices alternatively a paper copy can be provided on request.