

Pembrokeshire County Council



**ANIMAL BOARDING ESTABLISHMENTS ACT 1963 –
APPLICATION FOR LICENCE TO KEEP A COMMERCIAL
DAY CARE OF DOGS ESTABLISHMENT**

1. Applicant

Applicant Full Name:

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

Applicant Home Address:

Telephone Number:

Mobile Number:

E-mail address:

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		
Riding Establishments Act, 1964		
Dangerous Wild Animals Act, 1976		
Animal Welfare Act, 2006		
Protection of Animals Act, 1911		
Protection of Animals (Scotland) Act, 1912		
Protection of Animals (Amendment) Act, 1954		

If Yes, please give details:

2. Premises – (Kennel / Daycare) Delete as applicable

Business Name:

Address:

Telephone Number:

Business Mobile & Fax Number:

E-mail:

Do you have a nominated Manager?

How many staff do you employ at your establishment?

Please detail maximum number and type of animals to be boarded at your establishment at any one time:

Animal Type	Maximum Total
Dog	

How would you class your establishment?

	(Tick, where applicable)
Home Boarding	
Kennel Boarding	
Day Care	

Where do you intend to exercise the animals?

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

Additional information:
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.....
.....
.....
.....
.....

3. Other Particulars

Veterinary Practitioner Name:

Address:

.....

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Telephone Number:

Declaration:

- *I am the occupier of the premises detailed above, and hereby make application in pursuance of the provisions of the Animal Boarding Establishment Act 1963, for a licence to keep an Animal Boarding Establishment 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:*

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: DDC £560.00

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.