



# APPLICATION FOR A LICENCE TO KEEP A BOARDING ESTABLISHMENT FOR ANIMALS

## APPLICANT DETAILS

Title & Surname: \_\_\_\_\_

Christian/Other Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Postal Address: \_\_\_\_\_  
(All correspondence will be sent to this address)

Postcode: \_\_\_\_\_ E Mail Address: \_\_\_\_\_

Daytime Tel No \_\_\_\_\_ Work Tel No: \_\_\_\_\_  
(including STD code) (including STD code)

## PARTICULARS OF PREMISES/ACCOMMODATION

Name of Premises: \_\_\_\_\_

Full Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

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

Heating arrangements \_\_\_\_\_

Method of ventilation of premises \_\_\_\_\_

Lighting arrangements: - Natural \_\_\_\_\_ Artificial \_\_\_\_\_

Water Supply \_\_\_\_\_

Arrangements for food storage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Arrangements for disposal of excreta \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of isolation facilities for the control of infectious diseases \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **PARTICULARS OF ANIMALS TO BE BOARDED**

Types of animals that are intended to be accommodated on the premises \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby make application to keep an Animal Boarding Establishment at the premises of which particulars are given above and I enclose herewith the sum of £\_\_\_\_\_ being the amount payable. (Cheques to be made payable to Cardiff County Council)

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

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_

Please complete and return to:-

**Licensing Section**  
**Room 161 City Hall**  
**Cathays Park**  
**Cardiff**  
**CF10 3ND**  
**Tel No (029) 2087 1129 / 2087 1651**

<b>FOR OFFICIAL USE ONLY</b>			
Receipt No:	Amount Paid:	Date of payment:	VET: