

The Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018

Application for Dog Home Boarding and/or Dog Day Care within Residential Premises

Applicant Details						
Type of Application:	New	Renewal		Previo Numl	ous Licence ber:	
What type of licence do you wish to apply for?	Home Boarder (see page 5)	Dog Day (Care	Both	Home Boarder and	
Surname/s:					Title: (Please circle as appropriate)	Mr/Mrs/Miss/ Other
First Name/s (in full):					Applicant over 18 yrs old?	YES/NO
					Any persons below 18 yrs old within the household?	YES/NO State ages:
Home Address of Applicant/Premises:						
Home Telephone:			Mobile Nu	mber:		
Name of Business:			Which of t following a to you:		sole trader/ limit partnership/ Oth appropriate)	red company/ ner (Please circle as
Business Telephone Number:			Web Site Address:			
Email Address:						



Do you have business insurance?	IO Have yo	ou YES/NO	
insurance?		1110/110	
	registere business HMRC	s for	

Please note: Business website/ addresses and telephone numbers will automatically be published on our website. https://www.castlepoint.gov.uk/licensing-of-animal-welfare-establishments

To opt out of your contact details being published YES/NO

Applicant Details of	YES/ NO
Convictions	
	If Yes please give full details?
Have you ever been disqualified	
from keeping a boarding	
establishment for animals or	
from keeping a pet shop or	
from having custody of animals?	
Any convictions under the Animal Welfare Act 2006 or	
under the Protection of animals	Failure to declare a conviction is an offence and upon summary of
(Amendment) Act 1988 from	conviction subject to a fine.
having the custody of animals?	
Or any other criminal convictions?	

Details of Living Quarters	
Type of Accommodation?	
E.g. Bungalow, terrace house, brick built, Rural location, Town Centre	
Details of Kitchen Facilities:	
E.g. Food storage and preparation of food for dogs	



Details of Exercise Facilities:	
E.g. Size of facilities, fenced enclosed garden, grassed area	
(Please note that this must not be shared with any other household)	
Details of Isolation Facilities in Case	
of Illness:	

Supervision of Boarded Dogs			
Will the dogs ever be left for a period of more	YES/NO)	
than 3 hours?			
Is this your full- time job?		YES/NO	
,		,	
Are there any other persons (employed or volun	iteer)	YES/NO	
involved in the business?			
Adequate record keeping?			
1 0			
E.g. Written consent from the owner regarding boarding of their			
dog, contact details of owner, emergency contact details, veterinary			
details, medical history documentation			
Will you transport the dogs in your vehicle, if so	o is a dog		
guard fitted/ crates/ seat belts/ harnesse	es?		
, , , , , , , , , , , , , , , , , , , ,			

Resident Pets	
Do you have any of your own pets? Please give details;	
type of animal, breed, number, age, etc.	
Please note: Where there is a resident cat or dog kept at the	
household written permission from the owner/ of the boarded	
animal/ must be gained following a trial familiarisation session.	
Are they up- to- date with inoculations?	YES/NO



Details of Registered V	<u>'ets</u>		
Name of Vets			
Address		Postcode	
		Telephone Number:	

The following supporting documents <u>must</u> be included with your application.	Please Tick √
I have enclosed a copy of my public liability insurance policy and where necessary, employers liability insurance.	
Please note that licence visits cannot be carried out until the licence fee has been paid in full. Application forms may be returned with a cheque payable to Castle Point Borough Council.	
Payment can also be made by credit/debit card by telephone 01268 882200 opt 5 and quote finance code 130 641 (VAT N).	

I/We hereby make application under The Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 for a licence to run an animal activity at the premises stated above.

I have read and understand Castle Point Borough Councils' conditions for a licence and I will comply with these conditions.

I/We hereby certify that to the best of our knowledge and belief that the above particulars are true and understand that any information found to be false will render the application invalid.

Signature	Print	Dated	
	Name		
Additional	Print	Dated	
Signature	Name		
(If more than			
one			
applicant)			



When your application has been completed, please scan and send by email to environmentalhealth@castlepoint.gov.uk or you can drop your completed form into the Council Offices on Kiln Road.

After submitting your complete application you will be contacted by the Animal Welfare Officer, who will arrange to visit and inspect your boarding accommodation as necessary.

In some circumstances it may be considered that an inspection is required by a qualified vet to obtain additional advice. If this is the case you will be notified and you will be responsible for paying the vets fee.

Home boarder: A business that looks after dogs in a business owners own home (during the day or overnight) – these companies are licensed under 'home boarding'