



DANGEROUS WILD ANIMALS ACT 1976

LICENCE APPLICATION FOR DANGEROUS WILD ANIMALS

NEW LICENCE

RENEWAL LICENCE

Applicant's Details (block capitals)

Name of Applicant(s):

Date of Birth: National Insurance No.

Home Address:

.....

Post Code: Daytime telephone number:

Email:

Address of Premises for which the licence is required:

.....

.....

Is any person named in this form disqualified from:

- | | | |
|---|------------------------------|-----------------------------|
| • Keeping a dog? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Having custody of animals? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Keeping a Pet Shop? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Keeping an Animal Boarding Establishment? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Keeping a Breeding Establishment? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If yes - please insert details

Details of Public Liability Insurance

Do you have Public Liability Insurance: YES NO

(Please attach a copy of public liability insurance to application)

Emergency Contact details (Block Capitals)

Name:

Address:

.....

Postcode: Telephone Number:

Details of Registered Veterinary Practice (Block Capitals)

Name of Practice:

Name of Veterinarian normal use:

Address of practice:

.....

Telephone number:

How long have you been registered at this Practice:

Please supply a letter from the veterinary practice confirming agreement to provide veterinary treatment to the animal applying for.

Animals Details

Species of Animal(s) applying to be kept:

.....

.....

Numbers to be kept: Male

Female

Is it intended to breed from these animals YES NO

Accommodation (Block Capitals)

Animals kept: Wholly indoors Wholly Outdoors Combination of both

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

-
-
-

Accommodation continued (Block Capitals)

Exercise Facilities provided:

-

Heating arrangements:

-

Lighting arrangements:

-

Method of ventilation of premises:

-

Type of food to be supplied and source:

-
.....

Arrangements for disposal of excreta:

-

Description of isolation facilities for the control of infectious disease:

-

Fire precautions and equipment:

-

Any additional information you can provide:

-
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Payment Details

Fee to be paid on application.

£500.00 (this cost does not include the vet inspection fee which will be an additional charge).

Any administration/amendments made to a licence during the term will be charged at:

£32.00

The following documentation MUST be provided along with the completed application form

- Plan of Premises
- Insurance documents
- The following procedures: Feeding regimes
Cleaning regimes
Transportation
Prevention of and control of the spread of disease
Monitoring and ensuring health and welfare of all animals
The death or escape of an animal
In case of fire
- Certificates of Qualifications
- Training records

I am aware of the provisions of the relevant Act and model licence conditions. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.

Signed: Print Name:

Dated:

**NB: The information on this form will be treated as confidential.
The cost of any independent vet required to be used, by the City Council, as part of the application process will be charged to the applicant as an additional fee.**

This application must be returned to:

**Dog Enforcement Team
Whitley Depot
259 London Road
Coventry
CV3 4AR**

Tel: 07976 736957

Email: animal.welfare@coventry.gov.uk