

DANGEROUS WILD ANIMALS ACT 1976

APPLICATION FOR THE GRANT OF A LICENCE AUTHORISING THE KEEPING OF DANGEROUS WILD ANIMALS

APPLICANT DETAILS

Full Name:	
Current Residential Address: (full postal address)	
Telephone Number:	
Mobile Number (optional):	
Email address:	

DETAILS OF PREMISES WHERE ANIMALS ARE TO BE KEPT

Full Postal Address:	
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DETAILS OF ANIMALS TO BE KEPT

Scientific Name:		
Common Name:		
Number of Animals;	<u>Male</u>	<u>Female</u>
Scientific Name:		
Common Name:		
Number of Animals;	<u>Male</u>	<u>Female</u>
Scientific Name:		
Common Name:		
Number of Animals;	<u>Male</u>	<u>Female</u>

Do you own and possess all the animals listed above?	YES / NO
If NO please give details of ownership and possession:	

PLEASE GIVE INFORMATION REGARDING THE ACCOMMODATION WHERE THE ANIMALS ARE TO BE KEPT

Construction and size:	
Arrangements for: <ul style="list-style-type: none"> - Provision, storage and preparation of food - Ventilation - Temperature Control 	
Arrangements to be made: <ul style="list-style-type: none"> - to ensure the animal(s) can exhibit natural behaviour patterns - To ensure adequate exercise - For appropriate veterinary care 	

<p>Are the animals removed from site for any purposes, if so, please provide information?</p> <p>If so, is the period likely to exceed 72 hours?</p> <p>Details of safe and secure transportation.</p>	
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DOCUMENTATION REQUIRED WITH APPLICATION	Attached (please tick)
Procedures to prevent and control the spread of disease	<input type="checkbox"/>
Emergency procedures for the protection of animals in the case of fire or other emergency	<input type="checkbox"/>
Escape prevention and response protocol	<input type="checkbox"/>
Current insurance policy, which insures you against liability for any damage which may be caused by the animal(s) listed in the application.	<input type="checkbox"/>

ARE YOU DISQUALIFIED FROM ANY OF THE FOLLOWING?	
Keeping any dangerous wild animals	YES / NO
Keeping a dog	YES / NO
Having custody of animals	YES / NO
Keeping a pet shop	YES / NO
Keeping an animal boarding establishment	YES / NO
Keeping a riding establishment	YES / NO
Keeping a dog breeding establishment	YES / NO
Do you have any other offences under the Animal Welfare Act 2006	YES / NO

DECLARATIONS	<i>Please tick</i>
I agree to permit an Officer, Veterinary Surgeon or Veterinary Practitioner authorised by the Council to inspect the premises which are the subject of this application before any Licence is granted.	<input type="checkbox"/>
I agree that in addition to the licence fee I must pay any costs relating to veterinary inspections as part of the application process.	<input type="checkbox"/>
I certify that I am over 18 years of age.	<input type="checkbox"/>
I have attached the documentation required with this application (listed above)	<input type="checkbox"/>
I enclose the fee payable for the application*	<input type="checkbox"/>
<p>*Information on fees and charges can be found on the Wiltshire Council website. Any cheques must be made payable to Wiltshire Council. Alternatively, would you like us to call you to take a telephone payment by Debit/Credit Card? YES / NO Please circle /delete as appropriate. Tel: 01249 706555</p>	

I apply for a Licence to keep the animal(s) which are the subject of this application from

Day: Month: Year:

Signed:

Dated:

Please note that the Licence will only be issued following an approving summary report following an appointed veterinary inspection.