

**Falkirk Council** For help contact

**Animal Boarding Establishments Act 1963**  envhealth@falkirk.gov.uk

**Application to renew the licence** Telephone: 01324 504982

**Home Boarders**

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| **Licence Holders Details**  |
| **Name**First Name  Family Name**Contact Details**Address AddressAddressPost CodeE-MailTelephone Number  |

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| **Premises where Animals will be Kept** |
| Name of premises/trading name Address AddressAddressPost CodeE-MailTelephone Number**Contact Details of Person Responsible for Managing the Premises**NameE-Mail AddressTelephone Number |
| **Accommodation and Facilities** |
| If there has been any alterations made to the premises or changes in the facilities provided, please enter the details in the box below. |
| **Veterinary Surgeon** |
| **Usual veterinary Practice**Name Address AddressAddressPost Code**Contact Details** NameE-Mail AddressTelephone Number |
| **Emergency Key Holder** |
| Name Address AddressAddressPost CodeE-MailTelephone Number |
|  **Disqualifications and Convictions**  |
| Has the person who will manage the establishment ever been disqualified from? (a) Keeping a Riding Establishment? Yes/No (b) Keeping a Dog? Yes/No (c) Keeping a Pet Shop? Yes/No (d) Having the Custody of Animals? Yes/No (e) Keeping a Boarding Establishment for Animals? Yes/No (f) Keeping a Breeding Establishment? Yes/No Has the person who will manage the establishment been convicted of any offences under Animal Welfare of Wildlife Legislation? Yes/NoHas the person who will manage the establishment ever had a licence refused, revoked or cancelled? Yes/No |
| **Authority Postal Address and E-Mail Address** |
| Falkirk CouncilPlace ServicesSuite 1B, Falkirk Stadium4 Stadium WayFK2 9EEenvhealth@falkirk.gov.uk  |

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| **Declaration**  |
| I am aware of the provisions of the Animal Boarding Establishment Act 1963. The details contained in this form are correct to the best of my knowledge and belief.Signed Print NameDate |