

**Falkirk Council** For help contact

**Application to register for the exhibition or**  [envhealth@falkirk.gov.uk](mailto:envhealth@falkirk.gov.uk)

**training of performing animals** Telephone: 01324 504982

**Performing Animals (Regulation) Act 1925**

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| **Section 1 – Applicant Details** |
| **Individual’s Details**  **Name**  First Name    Family Name  **Contact Details**  Address  Post Code  E-Mail  Telephone Number  **Agent’s Details**    Are you an agent acting on the behalf of the applicant? Yes If Yes please provide Agents details below:    No  Name  Address      Post Code  E-Mail  Telephone Number |

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| *Continued from previous page…..*  **Business Details**  Is your business registered in the UK with Companies House? Yes No  Is your business registered outside the UK? Yes No  Business name  VAT number  Your position in the business  Address  Post Code  E-Mail  Telephone Number |
| **Section 2 – Application Details** |
| **Further details about the applicant**  Stage name (if any)  Date of Birth  **/**  **/**  dd mm yyyy  **Previous registration for exhibition or training of performing animals**  Have you been registered before?  Yes  No  **Only provide details about your most recent registration**.  Local Authority by which you were registered  Date of registration  Registration number |

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| **Section 3 – Information About the Animals** |
| |  |  |  |  | | --- | --- | --- | --- | | ANIMALS TO BE TRAINED | | ANIMALS TO BE EXHIBITED | | | Kind | Number | Kind | Number | |  |  |  |  |   Give full details of accommodation provided for animals to be exhibited or trained  State arrangements for disposal of excreta, used bedding and other waste material |

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| **Section 4 – Proposed Performance** |
| Describe briefly the general nature of the performance(s) in which the animals are to be exhibited or for which they are to be trained, mentioning any apparatus which is to be used for the purpose of the performance. The description must be sufficient to give a general idea of what is done by the animals taking part in the performance/exhibition. Please note, should include the approximate duration of the performance and the number of times the performance is done in one day and the number of animals of each kind taking part in the performance |
| **Section 5 – Vet Details** |
| Name address and telephone number of Veterinary Surgeon |
| **Section 6 - Additional Details** |
| Provide any additional information which is required or relevant to your application. |

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| **Section 7 - Authority Postal Address** |
| Falkirk Council  Place Services  Abbotsford House  David’s Loan  Falkirk  FK2 7YZ |
| **Previous Convictions** |
| Have you ever been convicted of an offence in terms of the following Acts:   * Performing Animal (Regulation) Act 1925 * The Protection of Animals Act 1911 * Sections 28C or 28F(16) of the Animal Health act 1981 * Sections 19 to 24, 25(7), 29 or 40(11) of the Animal Health and Welfare Scotland Act 2006   If yes provide details |
| **Declarations** |
| I am aware of the provisions of The Performing Animals (Regulation) Act 1925. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.  This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?”  Signed  Print Name  Capacity  Date  Please include copies of the following documentation with your application. This is required for all new applications and renewals   * Insurance Certificate * Fire Action Plan |