



ANIMAL BOARDING ESTABLISHMENTS ACT 1963

Application for a Licence / Renewal to keep a

BOARDING ESTABLISHMENT FOR CATS

This application must be completed in full and returned to:

**Animal Health
Flint Street
Fartown
Huddersfield
HD1 6LG**

In accordance with the provisions of the above Act.

I/WE HEREBY APPLY for a Licence to Keep a Boarding Establishment for Animals

I/WE DECLARE that I/We am/are not disqualified under the Animal Boarding Establishment Act 1963, from keeping an Animal Boarding Establishment

Do you any previous convictions under the Animal Boarding Establishment Act 1963: **YES / NO**

I/WE DECLARE that I/We have not been convicted of any offence under any Animal Health and/or Animal Welfare Legislation

I/WE WILL ALLOW ACCESS at all reasonable hours to an authorised officer from Kirklees Council, the Fire Officer and RSPCA Inspector.

I/WE FURTHER DECALRE that I/We will abide by the CIEH Model Licence Conditions and Guidance for Cat Boarding Establishments (2014), and any other conditions imposed and the particulars given in this application are correct to the best of my/our knowledge and belief.

Signed: / Print

Signed: / Print

Date:

| | |
|---|-----------------------------------|
| Information given in this section will be listed on the Kirklees Council Website | |
| <i>Business name and location:</i> | <i>Business telephone number:</i> |
| I would prefer my details not to be included on the website (please tick box) | |

Licences are issued for the period January-December, or part thereof, and are renewable annually. The non-refundable fee is payable upon application or renewal.

Please complete in **BLOCK CAPITALS**

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|---|------------------------------------|
| <p>FULL name, address and telephone number(s) of Establishment & Licensee (<i>The Owner</i>)</p> | <p>Tel: Mobile: Email:</p> |
| <p>FULL name, address and telephone number(s) of Boarding Establishment Manager (<i>The Owner / Employee</i>)</p> | <p>Tel: Mobile: Email:</p> |
| <p>Trade name</p> | |
| <p>Number/construction/size of the quarters in which the animals are/will be accommodated</p> | |
| <p>Number of boarding cats you wish to accommodate</p> | |
| <p>Water Supply at premises</p> | |
| <p>Arrangements for disposal of excreta/soiled bedding etc</p> | |
| <p>Description of isolation arrangement for control of infectious/contagious diseases</p> | |
| <p>Name & Address of regular Veterinary Surgeon (if any)</p> | |
| <p>What experience do you have with regard to looking after cats? (Please use an addition sheet if necessary)</p> | |