



## APPLICATION FOR ANIMAL ACTIVITY LICENCE

### Application form part 2e: Dog breeding establishment

<b>Business Trading Name</b>	
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<b>Section A. Dogs</b> (please continue onto an extra sheet if required)			
Breed(s) of dogs concerned			
Number of bitches kept			
Bitches are:	Owned by the applicant <input type="checkbox"/>	Co-owned by the applicant <input type="checkbox"/>	On breeding terms <input type="checkbox"/>
Please provide details of the ages of the bitches kept			
Number of studs kept			
Studs are:	Owned by the applicant <input type="checkbox"/>	Co-owned by the applicant <input type="checkbox"/>	On breeding terms <input type="checkbox"/>
Please provide details of the ages of the bitches kept			

<b>Section B. Accommodation</b> (please continue onto an extra sheet if required)	
Dogs are kept	Wholly indoors <input type="checkbox"/>
	Wholly outdoors <input type="checkbox"/>
	Combination indoors and outdoors <input type="checkbox"/>
Details of accommodation used Include details of number, size and type of construction	
Exercise facilities and arrangements	
Heating arrangements	
Method of ventilation	

Lighting arrangements (natural and artificial)	
Water supply	
Facilities for food storage & preparation	

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Arrangements for disposal of excreta, bedding and other waste material	
Isolation facilities for the control of infectious diseases	
Fire precautions/equipment and arrangements in the case of fire	
Do you keep and maintain a register of animals?	
How do you propose to minimise disturbance from noise?	

### Section C. Veterinary surgeon

Please give details (including name, address and contact details) of usual veterinary surgeon:

### Section D. Emergency key holder(s)

Do you have an emergency key holder? (if no go to next section)		yes/no
Name		
Position/job title		
Address	Postcode	
Contact telephone number(s)		
Email address		

### Section E. Public liability insurance

Do you have public liability insurance? (if no go to next section)		yes/no
Insurance company		
Policy number		

Period of cover	Start date:	End date:
Amount of cover		

<b>Section F. Declaration</b> (please read and tick to confirm)	
I hereby certify that all statements in this application are correct and true to the best of my knowledge.	<input type="checkbox"/>
Signed	
Print name	
Date signed	

SEND COMPLETED FORM TO:

Email: [licensing@wokingham.gov.uk](mailto:licensing@wokingham.gov.uk)

Licensing, Wokingham Borough Council, Civic Offices, Shute End, Wokingham RG40 1BN

Phone 0118 974 6000

### **Fees**

For fees and payment methods please see the licensing page on the council's website  
[www.wokingham.gov.uk](http://www.wokingham.gov.uk)