

FALKIRK COUNCIL

BREEDING OF DOGS ACTS, 1973 and 1991 THE BREEDING AND SALE OF DOGS (WELFARE) ACT, 1999

Application for licence to keep a breeding establishment for dogs.

State whether the application is for the grant of a new licence or renewal of an existing licence –
New ☐ Renewal ☐

Applicant 1 details

Applicant 2 details (if applicable)

Applicant Name

Postal Address

Phone Number

Email Address

Date of Birth

Establishment Details

Trading Name

Contact at Premises

Address of Premises

Breed(s) of dogs being kept

No. of breeding bitches of
each breed

No. of stud dogs of
each breed

No. of juveniles (6-12 mths)

No. of retired ex-breeders/pet dogs

**Please list name and age
of the breeding bitches**

Type of accommodation to be used :

Wholly Indoor ☐ **Wholly Outdoor** ☐ **Combination of Indoor and Outdoor** ☐

Construction type and size of quarters in which the animals will be kept

Heating

Lighting (artificial and natural)

Ventilation

Water Supply

Food Storage

Disposal of Excreta

Isolation Facilities

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Fire Precautions & Equipment

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Name and Address of Veterinary Surgeon

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Are you or any other person who will have control or management of the Establishment, disqualified for the time being 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 |

I am/We are aware of the provisions of the Breeding of Dogs Acts, 1973 and 1991 and the Breeding and Sale of Dogs (Welfare) Act, 1999 and I/we apply for Licence to keep a Breeding Establishment commencing * _____

(* Earliest requested commencement date should not be less than five weeks in advance of receipt of your Application)

I/We do hereby certify that to the best of my/our knowledge & belief the above statements are true

Signature(s)	_____	_____
Printed Name(s)	_____	_____
Date	_____	_____

This form should be returned together with a plan of the proposed layout to:

**Director of Development Services
Falkirk Council
Abbotsford House
Davids Loan
Falkirk FK2 7YZ**