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| **Section 1: Licence Details** To be completed by all applicants | |
| Is this a new or renewal application? | New  Renewal |
| Will the Licence be held by an Individual or a Company/ Partnership/Charity? | Individual  Company/Partnership/Charity |

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| **Section 2: Your Details** To be completed by all applicants | |
| First name(s): | Surname: |
| Maiden name (if applicable): | Phone number: |
| Home address (inc. postcode): | Date of birth: |
| Place of birth: |
| Email: | |
| What is your relationship to the business: | |
| Will you be responsible for the day to day management of the business? | Yes  No (please also complete section 3) |
| Will you be at or within a reasonable distance of the premises at all times? | Yes  No (please also complete section 4) |

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| **Section 3: Person responsible for day to day management of the business** (if different from section 2) | |
| First name(s): | Surname: |
| Maiden name (if applicable): | Phone number: |
| Home address (inc. postcode): | Date of birth: |
| Place of birth: |
| Email: | |

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| **Section 4: Person who will be at or within a reasonable distance of the premises at all times** (if different from section 2). | |
| First name(s): | Surname: |
| Maiden name (if applicable): | Phone number: |
| Home address (inc. postcode): | Date of birth: |
| Place of birth: |
| Email: | |

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| **Section 5: Premises details** To be completed by all applicants | |
| Is the premises address, phone number and email address the same as section 2? | Yes  No |
| Premises Address (inc. postcode): | Premises phone number: |
| Premises email: | |

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| **Section 6: Directors/Partners of the business** To be completed if a Company/Partnership/Charity is applying for the licence | |
| Name of the Company/Partnership/Charity: | |
| How many Directors/Partners does the business have? | |
| **Please provide details for first Director/Partner – if there is more than one please attached a separate sheet giving each Director/Partner’s personal details** | |
| First name(s): | Surname: |
| Maiden name (if applicable): | Phone number: |
| Home address (inc. postcode): | Date of birth: |
| Place of birth: |
| Email: | |

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| **Section 7: Emergency contact** (A second individual who can provide access to the premises) To be completed by all applicants | |
| First Name(s): | Surname: |
| Home Address (inc. postcode): | |
| Phone number: | Email: |

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| **Section 8: Animal Rehoming Details** To be completed by all applicants | | |
| Which animals are you intending to rehome? | Animal Species (State exact species) | Maximum number of animal intending to be rehomed annually |
| Arachnids  E.g. Tarantulas, etc. |  |
| Amphibians  E.g. Toads, Frogs etc. |  |
| Reptiles  E.g. Snakes, Lizards, Tortoises, etc. |  |
| Birds  E.g. Parrots, Pigeons, Budgerigars, Finches etc. |  |
| Mammals  E.g. Puppies, Kittens, Rabbits, Horses, Hamsters, Cavies, Rats, Mice etc. |  |
| Any other Species  E.g. Please specify |  |

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| **Section 9: Animal Accommodation** To be completed by all applicants. \*\*Note: For each species of animal provide the type of accommodation. If you have more than one type of accommodation, provide information on each. If required attach a separate sheet of paper answering all the questions. | |
| What type of accommodation is used to house the different species of animal? |  |
| State the material each type of accommodation is made from. |  |
| What are the dimensions of the accommodation? | Height:  Depth:  Width: |
| How will the accommodation be heated? |  |
| How will the accommodation be ventilated? |  |
| How will the humidity/temperature be monitored within the accommodation? |  |
| What material is provided within the accommodation to represent a natural habitat? |  |
| What process is in place to clean the accommodation? |  |
| What lighting is available within the accommodation? |  |
| State which water source is used for the premises | E.g. mains supply, private supply etc. |
| What arrangements are in place for the disposal of excreta? |  |
| What arrangements are in place for the disposal of other waste material? |  |
| Describe the process for the control of infectious diseases including the location of the isolation facility. |  |
| Are you transporting any animal over 65km? | Yes  No |

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| **Section 10: Animal Specific** Complete the section(s) specific to the species you are intending to keep. \*\*Note: For each species of animal provide the type of accommodation. If you have more than one type of accommodation, provide information on each. If required attach a separate sheet of paper answering all the questions. | |
| **Arachnids** | |
| Is the accommodation on a tiered system? | Yes (answer question below)  No |
| If yes to previous question, explain what process is in place to prevent contamination between accommodations. |  |
| **Amphibians** | |
| Is the accommodation on a tiered system? | Yes (answer question below)  No |
| If yes to previous question, explain what process is in place to prevent contamination between accommodations. |  |
| Describe what feed is available for the species including the location of where it is prepared and stored. |  |
| **Reptiles** | |
| Is the accommodation on a tiered system? | Yes (answer question below)  No |
| If yes to previous question, explain what process is in place to prevent contamination between accommodation’s |  |
| Describe what feed is available for the species including the location of where it is prepared and stored. |  |
| **Birds** | |
| What activities and toys are available for the social and mental wellbeing of each animal? |  |
| Where are the birds housed whilst the cage is being cleaned? |  |
| Describe what feed is available for the species including the location of where it is prepared and stored. |  |
| **Mammals** | |
| What activities and toys are available for the social and mental wellbeing of each animal? |  |
| What arrangements are in place for exercising them? |  |
| Describe what feed is available for the species including the location of where it is prepared and stored. |  |
| **Any other Species** | |
| Provide any other information you feel is relevant to keeping the desired species |  |
| Describe what feed is available for the species including the location of where it is prepared and stored. |  |

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| **Section 11: Health and Safety** To be completed by all applicants | | |
| Have you provided a copy of your written policy and procedure which details the protection of animals and persons in case of fire or other emergency (including emergency exits)? | Yes – Copy provided  No – State the reason a copy has not been provided | |
| Have you provided a copy of the information to be supplied to the purchaser on the appropriate care of the animals to be rehomed? | Yes – Copy provided  No – State the reason a copy has not been provided | |
| Do you have your insurance documents? | Yes – Copy to be provided with the application  No – A copy must be sent within a week of approval of the application | |
| Name and address of your Vet (inc. postcode): | | Vet phone number: |

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| **Section 12: Experience and Qualifications** To be completed by all applicants | |
| Detail any relevant qualifications and certificates held by any one named in this application or employed by the business. | Provide copies with the application |
| Describe any relevant experience held by anyone named in this application or employed by the business. |  |

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| **Section 13: Previous licence refusals and offences** To be completed by all applicants | |
| Has anyone named in this application ever been disqualified under the Animal Health and Welfare (Scotland) Act 2006 from:   * owning or keeping animals (or both) * dealing in animals * transporting animals * working with or using animals * providing any service relating to animals (including, in particular, for their care) which involves taking possession of animals * taking possession of animals for the purpose of an activity in respect of which a disqualification mentioned above is imposed * taking charge of animals for any, or any other, purpose | No  Yes – Please provide details |

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| **Section 14: Declarations** To be completed by all applicants. | |
| I/We declare that the particulars given on this form are correct to the best of my knowledge and belief  I/We understand that the information supplied by me/us as detailed in this form may be stored on a computer system by this Authority for the purpose of Licencing and that information may be disclosed to the police and other relevant parties for vetting and background enquiries whilst processing this application.  For further information [see our privacy notice.](https://www.scotborders.gov.uk/downloads/file/7144/privacy_notice_-_animal_licenses)  I/We understand that this authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.  For further information contact the Fraud Hotline on 01835 826825 or [our website](https://www.scotborders.gov.uk/nationalfraudinitiative)  Applicant Signature: | Date: |

Please return the completed application form to:

Trading Standards and Animal Health  
Scottish Borders Council  
Newtown St. Boswells  
Melrose  
TD6 0SA