



# 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**

**Fire Precautions & Equipment**

**Name and Address of Veterinary Surgeon**

**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**