



## ANIMAL BOARDING PROCEDURE NOTES

- Fill the application form in and send to your nearest Licensing Department (office addresses detailed below).
- Please enclose fee of £125.
- An acknowledgement letter and receipt of payment will then be issued.
- You will be contacted by a Licensing Officer to arrange the necessary inspection.
- Once the inspection is completed and providing everything is satisfactory, your licence will then be issued.

Licensing Office Addresses				
Central Licensing Shirehall Abbey Foregate Shrewsbury SY2 6ND	North Licensing Edinburgh House New Street Wem SY4 5DB	North Licensing Castle View Oswestry SY11 1JR	South Licensing Westgate Bridgnorth WV16 5AA	South Licensing Stone House Corve Street Ludlow SY8 1DG





**APPLICATION FOR AN ANIMAL BOARDING ESTABLISHMENT LICENCE**  
**Animal Boarding Establishments Act 1963, S.1**

Name of Applicant:	
Address and telephone Number:	Address:  Post Code: Telephone No:
Address of Establishment: (if different from above)	Address:  Post Code:
Type of Animals to be kept	Dogs <input type="checkbox"/> Number _____ Cats <input type="checkbox"/> Number _____
Number, construction and type of quarters in which animals will be kept:	
Type of heating:	
Extent and type of natural and artificial lighting:	
Method of ventilation of premises:	
Nature of water supply:	
Arrangements for food storage:	

Arrangements for disposal of excreta:	
Description of isolation facilities for the control of infectious diseases	
Name and address of usual Veterinary Surgeon	Name: Address:  Post Code:
Insurance Policy Details	Company:  Expiry Date:

I declare that to the best of my knowledge, the above information is correct.

I enclose the current fee of £125 (Cheques made payable to Shropshire Council)

I apply for this licence to take effect from the date of issue/1st January (delete as appropriate).  
(Licences run from the date of issue to 31<sup>st</sup> December or 1<sup>st</sup> January to 31<sup>st</sup> December each year).

SIGNATURE  DATE

If signing on behalf of a Company or partnership, state in what capacity:

**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 within this Authority for the prevention and detection of fraud. The Authority may also share this information with other bodies administering public funds for these purposes.**

Please return the completed form and fee to the address below:  
**Licensing Department  
Shropshire Council  
Shirehall  
Abbey Foregate  
Shrewsbury  
SY2 6ND**

**FOR OFFICIAL USE ONLY**

**ORDER NO:**

Date of Inspection .....

Recommendation .....

.....

Date reported to Council, and Decision.....

No. of Licence issued .....

Entered in Register:                      Date:                      Ref: