



The Performing Animals (Regulation) Act 1925

Application for Registration to keep Performing Animals

PART ONE - APPLICANT(S) / PREMISES DETAILS

Information about you and your business

[please give as many contact details as possible in case we need to contact you]

I wish to correspond only in Welsh <input type="checkbox"/> *		I wish to Correspond only in English <input type="checkbox"/> *	
*Please tick as appropriate.		*Please tick as appropriate.	
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <i>(please specify)</i>			
Surname:			
Other name(s):			
Home Address:			
Postcode:			
Telephone:		Daytime: Mobile: Evening:	
Email Address:			
Nationality			
Joint Applicant (if applicable) Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <i>(please specify)</i>			
Surname:			
Other name(s):			
Home Address:			
Postcode:			
Telephone:		Daytime: Mobile: Evening:	
Email Address			
Nationality			

Nature of training/display

Please briefly describe* the general nature of the training/performance in which the animals are to be exhibited or for which they are to be trained, listing any apparatus to be used for the purpose of this activity

**This description must be sufficient to give a general idea of what is to be done by and to the animals, and should state the approximate duration of the performance, the number of times the performance will be given each day and the number/types of animals taking part in each performance. It need not give details which would divulge any professional secret and which does not affect the welfare of the animal. Please continue on a separate sheet if required.*

PART THREE – COMPLIANCE WITH ANIMAL WELFARE

Information about where the performing animals will be kept

Construction (floors, walls, ceilings, external areas)	
Size of Quarters	
Minimum	Maximum
Sleeping arrangements and Bedding provided	
Temperature & Heating arrangements	
Lighting provision (natural & artificial)	
Ventilation arrangements	
Cleaning arrangements	
Pest Control arrangements	
Drainage & Waste Disposal arrangements	
Food & Drink provision for animals	
Food Preparation & Storage Facilities	

Exercise Facilities

Exercise yard on premises Y/N

Private Land Y/N

Lead Walking Y/N

Other (please specify)

Exercise arrangements

Supervision arrangements – inc. out of hours

Registration with a Veterinary Surgeon – name and address of Vet

Arrangements for Routine Medication and for dealing with unwell animals

Isolation Facilities and arrangements

Arrangements for transport (where provided)

Arrangements for protection from Fire

Arrangements for Safety of Electrical Equipment checks

PART FOUR – DECLARATION AND SIGNATURE(S)

Is any person named on this form disqualified from:

- a) the keeping of a dog under the provisions of the Protection of Animals (Cruelty to Dogs) Act 1933; **Yes/No**
- b) the keeping of a dog under the provisions of the Protection of Animals (Cruelty to Dogs) (Scotland) Act 1934; **Yes/No**
- c) the keeping of a pet shop under the provisions of the Pet Animals Act 1951; **Yes/No**
- d) the custody of animals under the provisions of the Protection of Animals (Amendment) Act 1954; **Yes/No**
- e) the keeping of an animal boarding establishment under the provisions of the Animal Boarding Establishments Act 1963; **Yes/No**
- f) the keeping of a dog breeding establishment for animals under the provisions of the Breeding of Dogs Act 1973; **Yes/No**

Has any person named on this form been found guilty of any offence under Section 34(2), (3) or (4) of the Animal Welfare Act 2006 or found guilty of any other offence relating to the health, safety or welfare of any animal. **Yes/No**

If yes to any of the above, please provide details

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I/WE DO CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF, THE ABOVE PARTICULARS ARE TRUE.

Applicant 1

SIGNED **DATE**

Name in CAPS..... **.Position.....**

Applicant 2

SIGNED **DATE**

Name in CAPS..... **Position.....**

If the applicant signs on behalf of a Company or partnership, the capacity of the Applicant should be stated.

I enclose the appropriate fee (cheques should be made payable to Torfaen County Borough Council)

Notes for applicants

Your completed application should be returned to us with the appropriate fee.

The registration application will be considered on the basis of the requirements of Animal Welfare legislation. You must therefore refer to this when making your application.

Once we receive your application, we will arrange to inspect your premises with a vet, and will look at the welfare of animals at your establishment.

Your registration will specify the number and type of animals that you are permitted to keep, and any other conditions required to ensure the welfare of animals kept at your premises.

We have a legal obligation under the Data Protection Act 1998 to ensure that all information held and processed about you complies with the principals of the Act. You are advised that the information provided as part of this application may be shared with other departments of the authority and with other statutory organisations carrying out their statutory duties. You should also be aware that non-personal information provided as part of this application may be released as part of any Freedom of Information request.

Your address details and other licence information may be entered on a public register and/or made available to the public via our web-site. If you do not wish your licence details to be made public in this way, please tick here

**Return completed your application form and fee to:
FOOD, HEALTH & SAFETY TEAM, PLANNING & PUBLIC PROTECTION, TY BLAEN
TORFAEN, PANTEG WAY
NEW INN, PONTYPOOL, TORFAEN NP4 0LS**

Tel 01633 647221/22