

The Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018

LICENCE APPLICATION FOR HIRING OUT HORSES

NEW LICENCE R	RENEWAL LICEN	CE
Applicant's Details (block capitals)		
Name of Applicant(s):		
Date of Birth:	No	
Home Address:		
Daytime telephone number:		
Email:		
Is any person named in this form disqualified from:		
 Keeping a riding establishment? Having custody of animals? Keeping a Pet Shop? Keeping an Animal Boarding Establishment? Keeping a dog? 	YES	NO NO NO NO
If yes - please insert details		
Valid Public Liability Insurance (please supply a copy of the certificate) YES \square	NO
Premises Details (block capitals)		
Trading Name:		
Address of Premises for which the licence is required:		
Post Code		
Telephone Number:		
Website Address:		

Name: Address: Postcode: Telephone Number: Details of Registered Veterinary Practice (Block Capitals) Name of Practice: Name of Veterinarian normal use: Address of practice: Telephone number: How long have you been registered at this practice: Oualifications Information regarding any qualifications held by: Licence Holder: 1. 2. 3. 4. 5. Members of staff: 1. 2. 3. 4. 5. Other.	Emergency Contact details (Block Capitals)		
Postcode: Telephone Number: Details of Registered Veterinary Practice (Block Capitals) Name of Practice: Name of Veterinarian normal use: Address of practice: Telephone number: How long have you been registered at this practice: Outline Telephone number: 1	Name:		
Details of Registered Veterinary Practice (Block Capitals) Name of Practice: Name of Veterinarian normal use: Address of practice: Telephone number: How long have you been registered at this practice: Qualifications Information regarding any qualifications held by: Licence Holder: 1	Address:		
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Name of Practice: Name of Veterinarian normal use: Address of practice: Telephone number: How long have you been registered at this practice: Qualifications Information regarding any qualifications held by: Licence Holder: 1 2 3 4 5 Members of staff: 1 2 3 4 5 Members of staff: 1 2 3 4 5 Members of staff: 1 2 3 4 5 Members of staff:	Postcode: Telephone Number:		
Name of Veterinarian normal use: Address of practice: Telephone number: How long have you been registered at this practice: Qualifications Information regarding any qualifications held by: Licence Holder: 1	Details of Registered Veterinary Practice (Block Capitals)		
Address of practice: Telephone number: How long have you been registered at this practice: Qualifications Information regarding any qualifications held by: Licence Holder: 1 2 3 4 5 Members of staff: 1 2 3 4 5 Other Other	Name of Practice:		
Telephone number: How long have you been registered at this practice: Qualifications Information regarding any qualifications held by: Licence Holder: 1	Name of Veterinarian normal use:		
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Information regarding any qualifications held by: Licence Holder: 1	How long have you been registered at this practice:		
Information regarding any qualifications held by: Licence Holder: 1			
Licence Holder: 1			
1			
2			
3			
4			
5	4		
1			
2	Members of staff:		
3	1		
4	2		
5 Other	3		
Other	4		
	5		
	Other		
Please supply a copy of all certificates held along with the application form	Please supply a copy of all certificates held along with the application form		

Application Details (block capitals)						
Number of horses kept at premises:						
Number of horses kept for use under the activity:						
Details of horses kept for use under the activity						
Name	Age	Colour	Sex	Approx. Height	Shod Yes/No	
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Accommodation (Block Capitals)		
Animals kept: Stable Kept Field Kept Combination of both		
Number, construction and size of quarters in which animals are (will be) accommodated:		
•		
Exercise Facilities provided:		
•		
Outside Shelter provided:		
•		
Temperature provisions for hot and cold weather:		
Lighting arrangements:		
•		
Method of ventilation of premises:		
•		
Arrangements for disposal of excreta:		
•		

Accommodation continued (Block Capitals)			
Description of isolation facilities for the control of infectious disease:			
•			
Fire precautions and equipment:			
•			
Pest Control provisions taken:			
•			
Any additional information you can provide:			
•			

Payment Details

Fee to be paid on application.

£432.00

Any administration/amendments made to a licence during the term will be charged at:

£34.00

The following documentation MUST be provided along with the completed application form

- Plan of Premises
- The following procedures: Feeding regimes for both adult dogs and puppies

Cleaning regimes Transportation

Prevention of and control of the spread of disease

Monitoring and ensuring health and welfare of all animals

The death or escape of an animal

In case of fire

- Certificates of Qualifications
- Staff Training records

I am aware of the provisions of the relevant Act and model licence conditions. The details contained in the application form and any attached documentation are correct to the best of my knowledge and belief.

Signed:	Print Name:
Dated:	

NB: The information on this form will be treated as confidential.

The cost of any independent vet required to be used, by the City Council, as part of the application process will be charged to the applicant as an additional fee.

This application must be accompanied by the appropriate fee and returned to:

Dog Enforcement Team Whitley Depot 259 London Road Coventry CV3 4AR

Tel: 07976 736957

Email: animal.welfare@coventry.gov.uk