



**PETS ANIMALS ACT 1951**

**APPLICATION FORM TO OPERATE A PET SHOP**

<b>1. DETAILS OF RETAIL ESTABLISHMENT (i.e the shop)</b>	
<b>Name of shop</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone Number</b>	

**2. Is the business a limited company?**

**YES/NO**

If "Yes" complete part 3, if "No" go to part 4.

<b>3. DETAILS OF COMPANY</b>	
<b>Company Name</b>	
<b>Address of Registered Office</b>	
<b>Postcode</b>	
<b>Telephone Number</b>	

<b>4. PERSONAL DETAILS</b> (Do not complete if you have filled in section 3)	
<b>Your Name</b>	
<b>Your Address</b>	
<b>Postcode</b>	
<b>Telephone Number</b>	

<b>5. PERSONAL DETAILS OF SHOP MANAGER</b>	
<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone Number</b>	

<b>6. KEYHOLDER DETAILS</b> (Please give details of any other person with a key to the premises who may be contacted in an emergency).	
<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone Number</b>	

<b>7. VETERINARY SURGEON</b> (Please give details of the vet used by the establishment to be licensed)	
<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone Number</b>	

<b>8. QUALIFICATIONS</b> (Please give details of all relevant qualifications or business experience in respect of the applicant and manager).	
<b>i. Applicant</b>	
<b>ii. Manager</b>	

<b>9. MEMBERSHIPS</b> (Please give details of all relevant associations/institutes of which the applicant or manager are a member).	
<b>i. Applicant</b>	
<b>ii. Manager</b>	

**10. Are either the applicant or the manager disqualified from:**

- |   |               |
|---|---------------|
| <b>i. Keeping a Riding Establishment</b>            | <b>YES/NO</b> |
| <b>ii. Keeping a dog or any other animal</b>        | <b>YES/NO</b> |
| <b>iii. Keeping a Pet Shop</b>                      | <b>YES/NO</b> |
| <b>iv. Keeping an Animal Boarding Establishment</b> | <b>YES/NO</b> |

**If the answer to any question 10i-iv is YES then please give details below:**


**11. Shop Opening Hours:**

**12. Other times when the premises are closed but normally attended:**

**13. Schedule of pet animals intended to be kept, subject to permission, by the Local Authority.**

Type of Animal	Proposed Numbers	Details of Accommodation
FISH		
SNAKES & LIZARDS		
TORTOISES		
OTHER REPTILES		
FINCHES, BUDERIGARS & OTHER SMALL BIRDS		
PARROTS		
RABBITS, CAVIES & HAMSTERS		
CATS		
DOGS		
ANY OTHER SPECIES Please give details		

**14. Are any animals intended to be kept listed as “Dangerous Wild Animals” under the Dangerous Wild Animals Act 1976?**

**YES/NO**

**(If “Yes” please give details):**


**15. Declaration of Applicant:**

I declare that the details provided in this form are correct to the best of my knowledge. I also declare that I am aware of the provisions of the Pet Animals Act 1951 and the conditions attached to Pet Shop licences issued by the London Borough of Hounslow. I hereby apply for a licence to sell pet animals at the premises identified above.

Signature of Applicant:.....Date:.....

Position in Company (If applicable):.....

Please return your completed application form, together with the schedule of animals intended to be kept, and the licence application fee to:

The Principal Animal Control Officer  
Street Management & Public Protection Department  
Bridge Road Depot  
Pears Road  
Hounslow  
Middlesex  
TW3 1SQ

Enquiries:  
Tel: 020 8583 5090  
Fax: 020 8583 5088  
e-mail: [animalwarden@hounslow.gov.uk](mailto:animalwarden@hounslow.gov.uk)