

**ENVIRONMENTAL SERVICES  
PUBLIC PROTECTION**

**APPLICATION TO KEEP  
DANGEROUS WILD ANIMALS**

Tick the appropriate box please.

NEW LICENCE

RENEWAL OF LICENCE

Surname \_\_\_\_\_  
(State whether Mr, Mrs or Miss)

Christian Name(s) \_\_\_\_\_

Private address (or, if a Body  
Corporate, name of Body and  
address of Registered Office)

\_\_\_\_\_  
\_\_\_\_\_

Tel No. \_\_\_\_\_

Address of Premises  
where animal(s) is/are to be kept :

\_\_\_\_\_  
\_\_\_\_\_

Tel No. \_\_\_\_\_

Species of Animal(s) to be kept :  
(Give scientific name if possible)

\_\_\_\_\_  
\_\_\_\_\_

Numbers to be kept

Male : \_\_\_\_\_ Female : \_\_\_\_\_ Total : \_\_\_\_\_

1. Is it intended to breed or attempt to breed from these animals?

YES/NO\*

\* Delete as appropriate

2. Description and dimensions of  
accommodation to be used :

\_\_\_\_\_  
\_\_\_\_\_

3. Description of type of food to be  
supplied and source :

\_\_\_\_\_  
\_\_\_\_\_

4. Details of Insurance Policy held  
to cover liability for damage  
caused by animals

Company : \_\_\_\_\_

Policy No. \_\_\_\_\_

Expiry Date : \_\_\_\_\_ Amount : \_\_\_\_\_

I HEREBY DECLARE that I am over 18 years of age and not disqualified by being convicted of any offence at any time under the Protection of Animals Acts 1911 to 1964, the Protection of Animals (Scotland) Act 1912, the Protection of Animals Act 1934, the Pet Animals Act 1951, the Animal Boarding Establishments Act 1963, the Riding Establishments Acts 1964 and 1970 or the Breeding of Dogs Act 1973.

I APPLY FOR a Licence under the Dangerous Wild Animals Act 1976 in respect of which I enclose :

- (1) the standard application fee
- (2) the policy or other evidence of insurance referred to at Item 4 above.

I confirm I shall pay the veterinary surgeon's inspection fee plus an administration charge.

(Read the following statement carefully before signing it. A false statement may render you liable to prosecution.)

I declare my answers to the above questions to be correct in every respect.

Usual signature: \_\_\_\_\_

Date: \_\_\_\_\_

If signing on behalf of  
a Body Corporate, state  
appointment held: \_\_\_\_\_

Argyll & Bute Council will use the information you have given on this form for the purpose(s) of carrying out its statutory undertakings, and it may be necessary to disclose your information to statutory agencies and organisations. We may share your information with other departments within the Council. By signing and returning this form to us you consent to Argyll & Bute Council processing sensitive personal data about you where this is necessary, e.g. health information. These uses of your personal information are covered by our registration under the Data Protection Act 1984. Under the Act you have the right to obtain a copy of the information the Council holds about you and to have any inaccuracies corrected.