



The Rabies (Importation of Dogs, Cats and Other Mammals) Order 1974
(as amended)

Application for Licence to Act as a Authorised Quarantine Premises

Use BLOCK LETTERS

Complete only once the Standard Requirements for the Design, Construction, Operation and Management of Authorised Quarantine Premises for Dogs and Cats (Form ID50), has been read and understood.

1. (a) Owner's full name(s) and address of premises:

Postcode:

Tel No. (including national dialling code):

Map reference

The owner or member of staff in charge MUST live on the same property as the quarantine premises (b)

Address for correspondence
(if different to 1.(a)):

Postcode:

Tel No. (including national dialling code):

2. Will there be any non-quarantine animals kept on site e.g. owner's pets, boarding, farm?

(tick appropriate)

Yes No

If 'Yes' give details:

3. Proposed Number of Units:

Dogs

Cats

Other Animals

4. Proposed number of staff to be employed:

Full-time

Part-time

5. Name and address of
Veterinary Superintendent
and Deputy Veterinary
Superintendent(s):

Postcode

Tel No. (including national dialling code):

6. If local planning permission is necessary, has it been obtained? Yes No Not Available

I, the undersigned, declare that the information given in this form is correct to the best of my knowledge and belief:

Signature

Name in
BLOCK LETTERS

Email

Date

Fax

Send your application form to your local Animal and Plant Health Agency (APHA) office, details of which can be found at <https://www.gov.uk/government/organisations/animal-and-plant-health-agency/about/access-and-opening>

DATA PROTECTION

For information on how we handle personal data please go to www.gov.uk and search Animal and Plant Health Agency Personal Information Charter.

APHA is an Executive Agency of the Department for Environment, Food and Rural Affairs and also works on behalf of the Scottish Government, Welsh Government and Food Standards Agency to safeguard animal and plant health for the benefit of people, the environment and the economy.

HM3 Stamp	Name:		Date Received:		WS ID:	
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