

**ARMAGH CITY AND DISTRICT COUNCIL
DOGS (NORTHERN IRELAND) ORDER 1983 AS AMENDED**



APPLICATION FOR A BLOCK LICENCE

This form, with the appropriate fee, should be sent or brought to Armagh City and District Council, The Palace Demesne, Armagh BT60 4EL. Tel: 028 3752 9623

Section 1: Owner details

PLEASE USE BLOCK LETTERS

Title:	Forename(s):	
Surname:		
Address:		Postcode:
Tel no:	Mob No:	Work No:
Email:		
How would you prefer to be contacted: Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/>		
Dog kept at alternative address (if applicable):		
Have you moved house since the date of issue of last licence: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please give previous address :		

Section 2: Dog details

Breed(s):	
Number of dogs: Number neutered:	Number of bitches: Number spayed:
Microchip numbers:	
Registered with: Petlog <input type="checkbox"/> PETtrac <input type="checkbox"/> Anibase <input type="checkbox"/> Indentichip <input type="checkbox"/>	
Kennel registration number(s) (if applicable):	

Control orders and exemption for prohibited types

Are control conditions held in respect of any of the above dogs or are any of the dogs above a prohibited breed?
Yes No If yes please also complete **section 3 and/ or 4 overleaf**:

Declaration:

I apply for the dog described above for one year from ____/____/____ and enclose cash, cheque, or postal order (made payable to Armagh City and District Council) for the fee of £32.00

I declare that the information given is correct in every respect, that I am not under 16 years of age and that I have not been disqualified from keeping a dog under Article 33A of the Dogs (NI) Order 1983, as amended, or the Welfare of Animals Act (NI) 1972(a).

Signed: _____ **Date:** _____

Office Use Only: Previous licence number (if applicable): _____

Licence number:	Tag number:
Issued on:	Initials:

Section 3: Control conditions

Please indicate which of the following control orders are relevant to the dog described:

- Muzzled in public
- Kept under control when in public
- Neutered (if male)
- Kept in a secure location when not in public
- Excluded from specific areas
- Undergone professional training (if yes, please provide details below)

Date completed: ____/____/____

Trainer details: _____

Section 4: Prohibited breeds

Please provide exemption details:

Date of the court order: _____

Serial number of exemption certificate: _____

Insurance policy provider: _____

Insurance policy number: _____

Declaration:

I declare that the information given under section 3 and/ or 4 is correct in every respect.

Signed: _____

Date: _____