

## APPLICATION TO KEEP ADDITIONAL DOGS/CATS

### *Dog Act 1976 & Cat Act 2011*

Application Fee - \$110 (as at September 2017)

#### PRIVACY NOTICE

The Shire of East Pilbara is collecting the personal information you supply on this form for the purpose of processing your application. Authorisation is provided under the *Shire of East Pilbara Dog Local Law 2011* and the *Shire of East Pilbara Health Local Law 2011*. Your personal details will not be disclosed to any other person or agency external to Council.

#### APPLICANT DETAILS

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Surname:
First Name:	Middle Name/s:
Property Address & Suburb:	
Postal Address:	<input type="checkbox"/> As Above
Contact Number(s)	Email:

#### PROPERTY DETAILS

Is this property (✓)     multi-residential property     House     Other \_\_\_\_\_

If you are not the owner of the property you will need written consent from the owner or manager of the premises. Refer to page 2.

Is the property fully fenced? (✓)     No     Yes     Area of Property m2

Names of each person living on the property:

#### ANIMAL DETAILS (If you have more than two additional animals please attach specific details for each additional animal)

Total number of animals to be kept at property:			
ANIMAL 1		ANIMAL 2	
Name:	Date of Birth:	Name:	Date of Birth:
Breed:	Colour:	Breed:	Colour:
Gender: (✓) <input type="checkbox"/> Male <input type="checkbox"/> Female		Gender: (✓) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Desexed: (✓) <input type="checkbox"/> Yes <input type="checkbox"/> No		Desexed: (✓) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Microchip No:		Microchip No:	
Registration No:		Registration No:	
ANIMAL 3		ANIMAL 4	
Name:	Date of Birth:	Name:	Date of Birth:
Breed:	Colour:	Breed:	Colour:
Gender: (✓) <input type="checkbox"/> Male <input type="checkbox"/> Female		Gender: (✓) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Desexed: (✓) <input type="checkbox"/> Yes <input type="checkbox"/> No		Desexed: (✓) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Microchip No:		Microchip No:	
Registration No:		Registration No:	

## PROPERTY OWNER'S CONSENT

Is the Applicant the owner of the above mentioned property? (√)

No

Yes

If no please seek consent from property owner

I provide permission to the applicant, to keep \_\_\_\_\_ (number of animals) of \_\_\_\_\_ (animal type) on the property identified on page one.

Owner's Name(s)

Surname(s)

Postal Address

Contact Number

Signature of Owner

Date

Email

**Before submitting an application make sure you have completed all following listed items below checklist:**

(Y) (N/A)

		Obtain and attach the property owner's written consent, if applicable
		Obtain and attach the written consent of the manager or body corporate of the premises (if a multi-residential dwelling) if applicable
		List all names of people residing at the premises.
		Current registration of each animal attached to application

## DECLARATION

The applicant must be the responsible person for the animal/s.

I submit this application to Council with the relevant fee and supporting documentation as required. I understand that it is an offence to provide false or misleading information or documents. If the application is made by a corporation or incorporated association, the person signing the form must occupy a position that is legally entitled to make an application on behalf of the corporation or incorporated association.

I declare that the information supplied on this application is complete, truthful and correct in every detail.

Signature of Applicant

Date

Name of Applicant (Individual, Partnership, Company)

Contact Number

Name of Signatory (if Partnership or Company)

Position of Signatory (if Partnership or Company)

## PAYMENT OPTIONS

**IN PERSON** – You can pay at the Shire East Pilbara's Administration Office, Newman, and Marble Bar

**TELEPHONE** – Call (08) 9175 8000 between 830am and 4:30pm Monday to Friday to pay with MasterCard or Visa.

**MAIL** – Make your cheques/money order payable to 'Shire of East Pilbara' and send to PMB 22, Newman, WA 6753.

**CREDIT CARD** – Council complies with the Payment Card Industry Data Security Standard. Compliance helps to alleviate sensitive data being compromised and protects cardholder data. **Credit Card Numbers are NOT to be recorded on this form – Customer Service staff will contact you regarding payment once this form is received.**

<b>OFFICE USE ONLY</b>	Date:	CSO:	Application Checked:
	Amount:\$	Receipt No:	Application No: