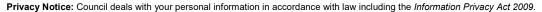
Additional Animal/s Approval Application Form





This form is to be completed when applying to keep more than two cats or two dogs, or an animal that requires an approval under Local Law No. 1 (Administration) 2011.

P: 07 4932 9000 | E: enquiries@rrc.gld.gov.au | W: www.rrc.gld.gov.au | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766 Applicant Details (please nominate only one applicant who must be over 18 years of age) Applicant name: First Middle Last Date of birth: Residential address: Street number and name City State Postcode Postal address (if different): Preferred contact number: Email: Preferred delivery method: ☐ Email ☐ Post ☐ Collect – (Rockhampton, Gracemere, Mt Morgan) Email is the standard form of delivery. If this method is unsuitable please select an alternative. Property Details (please note if you are not the owner of the premises you will need written consent from the owner or manager of the premises) Address where animals are kept (if different): ☐ Other: Is this property: ☐ A multi-residential premises ☐ House Area of allotment: Is the premise fully fenced? ☐ Yes ☐ No Name/s of each person living on the premises: Animal Details (Please note that all dogs and cats are required to be desexed and microchipped prior to an application being lodged for domestic pet applications. If you have more than four animals please attach specific details for each additional animal.) Total number of animals to be kept: ☐ Cat ☐ Livestock ☐ Bird/Poultry Animal type/s: ☐ Dog ☐ Guard dog ☐ Greyhound ☐ Nuisance bird ☐ Other (please specify): Animal keeping purpose (dogs and cats): □ Breeding □ Showing □ Domestic pet **Animal 1** Name: Dog reference number (if applicable): Date of birth: Gender: ☐ Male ☐ Female ☐ No Breed: Colour: Brand/Microchip number:

Application checked: Y / N

Application number:

CSO:

Receipt number:

OFFICE USE

ONLY

Date:

Amount:

Animal 2										
Name:		Dog reference number (if applicable):								
Date of birth:		Gei	nder: 🗆 I	Male	☐ Female	Desexed:	☐ Yes	□ No		
Breed:		Colour:								
Brand/Microchip number:										
Animal 3										
Name:		Dog reference number (if applicable):								
Date of birth:		Gei	nder: 🗆 I	Male	☐ Female	Desexed:	☐ Yes	□ No		
Breed:		Colour:								
Brand/Microchip number:										
Animal 4										
Name:		Dog reference number (if applicable):								
Date of birth:		Gender: ☐ Male ☐ Female Desexed: ☐ Yes ☐ No								
Breed:		Colour:								
Brand/Microchip number:										
Rooster/Nuisance Bird		Bird/Poultry								
Type/s:		Type/s:								
Number to be kept:			Number to be kept:							
Property Owner's Consent										
Property owner's name:										
	First		l	Middle			Last			
Postal address:		•								
Preferred contact number:	eferred contact number:			Email:						
I provide permission for the applicant to	keep	(number of animals) on the property identified within this application.								
Name:	Signature:	Date:								

Supporting Documentation						
Please remember to provide the following su	upporting documentation whe	en submitting this form:				
\square Evidence of any separate approvals requ	ired under an Act.					
\square A drawing showing the design and dimen	sions of the animal enclosure	e/s including materials used.				
A site plan (an A4 drawing showing the boundaries of the property and the area in which the animals will be kept and the location of the animal enclosure on the premises).						
\square Written approval from the property owner/manager of the premises to keep the animal/s.						
\square A copy of the current dogs Queensland membership (if breeder/show application).						
\square A copy of the DPI approval for livestock.						
\square A copy of the desexing certificate for all dogs and cats (if domestic pet application.						
\square A copy of the microchipping certificate for all dogs and cats.						
Declaration						
The applicant must be the responsible personal Submit this Additional Animal/s Approval A that the details are correct to the best of my	pplication Form with the rele	vant supporting documentation as required. I declare				
Applicant name:	Applicant signature:	Date:				
Fees and Charges						
For a full list of fees and charges please refe	er to Council's <u>Fees and Cha</u>	rges Schedule.				
Payment Information						
In person You can pay at Council's Custo Morgan; 1 Ranger Street, Gracemere.	omer Service Centres: 232 E	Bolsover Street, Rockhampton; 32 Hall Street, Mount				
phone Customer Service staff will contact you regarding payment via credit card or debit once this form is received.						
By post Make your cheques/money order payable to 'Rockhampton Regional Council' and send to PO Box 1860 Rockhampton, Queensland, 4700.						