

Ranger Services

APPLICATION TO KEEP MORE THAN TWO DOGS ON PREMISES Dog Act 1976

Please note that Applications to keep more than two dogs will ONLY be approved in circumstances where:

- All dog registration requirements are satisfied.
- The dogs are not used for breeding purposes.
- The dogs are not of a restricted breed or declared a dangerous dog.
- All abutting neighbours have provided written consent or have no substantiated reasons for refusal.
- There is no history or current incidence of dog nuisance, wandering, or control that is likely to impact on the surrounding community.

Applicant's details		
Applicant's Name:		
Residential Address:		
Postal Address: (if different from residential address)		
Email Address:		
Contact Phone Number:	Mo	obile:

Details of all dogs on property						
Sex M/F	Name	Colour	Registration No	Age	Sterilised Y/N	Microchip No
	Sex	Sex Name	Sex Name Colour	Sex Name Colour Registration	Sex Name Colour Registration Age	Sex Name Colour Registration Age Sterilised

Reasons for havin	g more than two ((2)	dogs (please attach another page if required)



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Application Fee

A fee will apply for this application to be processed. Current fees are:

- Standard \$79.00
- Pensioner \$39.00

Please note the application fee is non-refundable, even if the application is not approved.

Ranger Services

Declaration

- I hereby apply under the provisions of Section 26 (3) of the *Dog Act* 1976 to keep ______ dogs on the above premises.
- If approved, I understand and agree to comply with all conditions as required by the Shire of Gingin.
- I understand that my immediate neighbours will be approached by the Community Rangers to seek their comments on the keeping of the dogs subject to this application, and then the application will be presented to Council for approval.

Applicant's Signature

Please attach any further documentation that may support your application.

Return this completed application to Ranger Services - mail@gingin.wa.gov.au

Office Use Only						
Approved?	Yes	No			Date:	
Assessment No:				CSR No:		
Comments:						
Officer Name:						
Officer Signature:						

_____/____/_____/______Date