

APPLICATION TO KEEP MORE THAN TWO DOGS ON PREMISES



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

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

Details of all Dogs on Property

| Full Name: | Microchip Y/N: | Registration No.: | Cat's Name: | Breed: | Sex M/F: | Colour: | Age: |
|------------|----------------|-------------------|-------------|--------|----------|---------|------|
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Reasons for Having More Than Two (2) Dogs (please attach another page if required)

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Application Fee

A fee will apply in order for this application to be processed. Please refer to the Shire of Gingin website below to view the most current Standard and Pensioner application fees, visit: <https://www.gingin.wa.gov.au/budget-fees-and-charges>.

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

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.

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|------------------------------|--|
| Applicants Signature: | |
| Date: | |

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

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|---------------------------|------------------------------|-----------------------------|--------------------|--|
| Approved: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: | |
| Assessment Number: | | | CSR Number: | |
| Comments: | | | | |
| | | | | |
| Officer Name: | | | | |
| Officer Signature: | | | | |