

TRIM Reference: \_\_\_\_\_



## APPLICATION TO KEEP MORE THAN THE PRESCRIBED NUMBER OF DOGS

**Application for Exemption to keep more than the Number of Prescribed Dogs on a property pursuant to Section 26 (3) of the *Dog Act 1976 (as amended)*.**

### APPLICANT DETAILS

Full Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Make the following application to have more than two (2) dogs registered at the above-mentioned address as per the requirements of the *Dog Act 1976 (as amended)*.

**Non-Refundable Application Fee** [Fees and Charges](#) Paid Date: \_\_\_\_\_

Account Number: **05207503** Receipt Number: \_\_\_\_\_

### DOG DETAILS

<b>DOG 1</b>	Dog's Name:	_____		
	Registration No:	_____	Microchip No:	_____
	Gender:	<input type="checkbox"/> F <input type="checkbox"/> M	Breed of Dog:	_____
<b>DOG 2</b>	Dog's Name:	_____		
	Registration No:	_____	Microchip No:	_____
	Gender:	<input type="checkbox"/> F <input type="checkbox"/> M	Breed of Dog:	_____
<b>DOG 3</b>	Dog's Name:	_____		
	Registration No:	_____	Microchip No:	_____
	Gender:	<input type="checkbox"/> F <input type="checkbox"/> M	Breed of Dog:	_____
<b>DOG 4</b>	Dog's Name:	_____		
	Registration No:	_____	Microchip No:	_____
	Gender:	<input type="checkbox"/> F <input type="checkbox"/> M	Breed of Dog:	_____

## DOG DETAILS *continued...*

DOG 5	Dog's Name:	_____		
	Registration No:	_____	Microchip No:	_____
	Gender:	<input type="checkbox"/> F	<input type="checkbox"/> M	Breed of Dog: _____
DOG 6	Dog's Name:	_____		
	Registration No:	_____	Microchip No:	_____
	Gender:	<input type="checkbox"/> F	<input type="checkbox"/> M	Breed of Dog: _____

## GENERAL INFORMATION

Why do you consider you need more than two (2) dogs?

How did you happen to obtain more than two (2) dogs?

Have you had any complaints or are you in dispute with any of your neighbours regarding your dogs? If so, please provide details.

## PROPERTY DETAILS

Total Area: *sq.m* \_\_\_\_\_ Fence Height: *m* \_\_\_\_\_

Fence Material: \_\_\_\_\_

### **Please Note:**

The *Dog Act 1976 (as amended)* requires that the owner or occupier of the premises at which the dog(s) is ordinarily kept or permitted to live, shall cause the premises to be suitably fenced or closed in, in a manner capable of confining the dog(s) within the premises. A City of Greater Geraldton Ranger will undertake a Fencing Inspection of your property to ensure the information provided meets the Council's requirements.

## ADJOINING NEIGHBOURS DETAILS

Please supply adjoining neighbour details, including house numbers and street addresses. If you do have a neighbour on a particular side, please explain – e.g. vacant lot, park, etc.

Neighbour on my left of my property:

Neighbour on my right of my property:

Neighbour at the rear of my property:

## CONVICTIONS

Have you, or anyone else who is responsible for the dogs, ever been issued an infringement or been convicted in any court for a breach of the *Dog Act 1976* or the *Animal Welfare Act 2002*? If so, please provide details.

## ADDITIONAL DOCUMENTATION

You will be required to attach proof of Microchip Certificates for all dogs, when submitting this application.

Have you attached the required Additional Documentation?  Y  N

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I certify that the details on this application are true and correct (false and misleading information may affect my application).

Completion of this application does not constitute automatic approval of your application. This application will be assessed and reviewed, which may include an inspection of your premises and neighbouring residents granting their consent to assist with the final outcome.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## OFFICE USE

Comments/Notes:

Approved:       Yes     No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_