

## EXCESS DOMESTIC ANIMAL PERMIT APPLICATION FORM

**For permits issued under Part 3 Clause 24 - Keeping of Animals**

**UNLESS INSTRUCTED, THIS APPLICATION IS NOT TO BE USED IF YOU INTEND TO BREED WITH YOUR ANIMALS**

### APPLICANT DETAILS

Name of Applicant:			
Address where animals are to be kept			
Postal Address			
Phone Numbers	After hours	Business hours	Mobile
Type of animal	<b>DOG</b>	<b>CAT</b>	<b>BOTH</b>
Are you a breeder?	NO	YES	if yes how many litters per year?

Tick box if you have more than two fertile animals

**NB: Any more than two (2) fertile animals will require additional assessment by the Community Safety Team.**

Reasons for keeping more than 2 of the above animals:

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### PREMISES DETAILS

Property Size (m <sup>2</sup> ):	Size of yard / exercise area (m <sup>2</sup> )			
Accommodation <i>(please circle)</i>	PEN	KENNEL	KEPT INDOORS	OTHER
If you do not own the property, is written consent of owner and / or managing agent attached?	N/A		YES	NO
Is the property adequately fenced to keep animals contained to the property?			YES	NO

### PERMIT FEE (2022-2023)

Permit Fee: \$213.00  
Permit Duration: 3 years

**HOW TO PAY:** Attend at any Customer Service Centre or  
Nominate to pay by Credit Card over the phone by ticking this box.

PLEASE NOTE: No Bpay options are available for this service.

## MEMBERSHIP DETAILS

Are you a member of any of the Animal Organisations? (ie Dogs Vic, Cat Fancy?)

Membership No: \_\_\_\_\_

## ANIMAL DETAILS

	Animal 1	Animal 2
Name		
Breed		
Colour		
Sex		
Desexed Y/N		
Age		
Registration No.		
Microchip No.		

  

	Animal 3	Animal 4
Name		
Breed		
Colour		
Sex		
Desexed Y/N		
Age		
Registration No.		
Microchip No.		

Please attach another sheet if seeking a permit for more than [4] animals

**Council Officers may inspect the property prior to the permit being issued.**

## DECLARATION

I make this application in the belief that the above information is true and correct. I am aware that Council Officers may inspect the property prior to the permit being issued.

Signed: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

## COLLECTION NOTICE

Personal information collected on this form shall be used by Council's Community Safety Team to complete this application and provide you with relevant updates. Council may disclose your information to other internal departments in order to process your application and your information will not be disclosed to any external party without your consent, unless required to do so by law. If you do not provide us with all required information Council may not process your application and infringement notices may be issued for fail to comply with the Local Law. You have the right to access your personal information and make any necessary corrections. If you have any queries or wish to gain access to amend your information please contact the Coordinator of Community Safety or the Privacy Officer using the details below. Golden Plains Shire Council is committed to protecting all personal and sensitive information consistent with the Information Privacy & Health principles set out in the Privacy and Data Protection Act 2014 and the Health Records Act 2001.