

Office: .....
Date: ...../...../.....
Time: .....
Name: .....

## Application to Keep More than Allowable Animals

More than Two Cats     More Than Two Dogs

**NOTE: Your application will not be assessed without payment and ALL sections must be completed**

ANIMAL OWNER DETAILS		
Mr / Mrs / Ms / Miss (Please circle)	Given Name/s:	Surname:
Ph Home: (    )	Work : (    )	Mobile:
Email:		
Residential Address:		
Postal Address:		

ALTERNATIVE CONTACT DETAILS (if approved these details will be used as an emergency contact for your animal)	
Name:	Phone:
Address:	

ANIMAL DETAILS	Current Animal 1	Current Animal 2	Proposed Animal 3	Proposed Animal 4
Council Tag No.				
Name				
Breed				
Colour				
Sex				
Age				
Microchipped	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Microchip Number				
Is the animal desexed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the dog ever been declared a:	<input type="checkbox"/> Regulated <input type="checkbox"/> Menacing Dog <input type="checkbox"/> Dangerous Dog	<input type="checkbox"/> Regulated <input type="checkbox"/> Menacing Dog <input type="checkbox"/> Dangerous Dog	<input type="checkbox"/> Regulated <input type="checkbox"/> Menacing Dog <input type="checkbox"/> Dangerous Dog	<input type="checkbox"/> Regulated <input type="checkbox"/> Menacing Dog <input type="checkbox"/> Dangerous Dog

Previous Registration History  
 (Old Address, Transfer from another Council etc):

### OFFICE USE - CUSTOMER SERVICE OFFICER TO COMPLETE (RC570)

<input type="checkbox"/> All sections are completed	Receipt Number	CS Officer Name:
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**PAYMENT OPTIONS** Only to be completed if NOT paying at a Council Office in person

You may pay in person at any of Council's Administration Centres. Cashier hours may vary at each office. General cashier hours are from 8.30am to 4.45pm Monday to Friday.

**Please tick if a receipt is required:** Yes  No

**CREDIT CARD →** Visa  Master Card  AMEX

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_

**POST →** Post a cheque or money order made payable to Gladstone Regional Council.  
**Mail to:** Gladstone Regional Council, PO box 29, GLADSTONE DC QLD 4680.

### ANIMAL ENCLOSURE DETAILS

Address of where the animal is located:

Size of fenced area of premises (m<sup>2</sup>):

Is the area fenced?  Yes  No

Type and height of fence?

What is the land zoned?

Accommodation	<input type="checkbox"/> Pen	<input type="checkbox"/> Indoors	<input type="checkbox"/> Kennel
	<input type="checkbox"/> Other (please specify)		

### PROPERTY OWNERS CONSENT (Please complete if the applicant is not the owner of the property)

Mr / Mrs / Ms / Miss (Please circle)

Given Name/s:

Surname:

Postal Address:

Phone Number:

I/We being the owner/s of the property described in this application hereby consent to the above mentioned applicant making this application.

Signature:

Date:

Signature:

Date:

### DECLARATION OF LODGEMENT

I acknowledge that any approval issued pursuant to this application shall be subject to the following:

1. The approval is not transferable and therefore would be void should any animal listed in this application become deceased or relocate to another property or leave the Gladstone Regional Council area; and
2. All dogs and cats must be registered and renewed each year for the approval to remain in effect; and
3. All dogs and cats born from 2008 MUST be implanted with a microchip to be eligible to apply for this permit; and
4. My dog is not a restricted breed (i.e. Dogo Argentino, Fila Brasileiro, Japanese Tosa or of the type commonly known as 'American Pit Bull Terrier' or 'Pit Bull Terrier') or any crossbreed thereof; and
5. I acknowledge that my personal information may be given to a third party for the purpose of reuniting my lost animal should the need arise; and
6. I authorise Centrelink or the Department of Veteran Affairs to divulge to Gladstone Regional Council the information contained in my records as it is deemed necessary to determine my eligibility for concession rebate entitlements and for no other purpose; and
7. I hereby certify that the applicant details provided are of the owner of all animals listed on this Application.

I hereby declare that the information I have provided on this form is true and correct and agree to abide by the conditions of the permit as set by Council.

Signature:

Date:   /   /

**PRIVACY ACT PERSONAL INFORMATION COLLECTION NOTICE:** The Gladstone Regional Council is collecting your personal information to process your application for a permit to keep more than the allowable number of animals on your property. The information collected will be entered into Gladstone Regional Council's names and address database and may be used for any necessary Council business. The information will be only accessed by authorised council employees. Some of this information may be given to a person who finds your animal and wishes to return it to you. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

**NEIGHBOURS CONSENT** - Consent of neighbours with adjoining boundaries

Do the neighbours with adjoining boundaries and adjacent properties consent to the keeping of your animals on your property?

Written consent must be completed below.

Yes       No

My Name is _____	My Phone Number is _____
I Live at _____	
I have no objection to (Number): _____	Dogs/Cats being kept at (address): _____
Signature: _____	Date: _____

My Name is _____	My Phone Number is _____
I Live at _____	
I have no objection to (Number): _____	Dogs/Cats being kept at (address): _____
Signature: _____	Date: _____

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I Live at _____	
I have no objection to (Number): _____	Dogs/Cats being kept at (address): _____
Signature: _____	Date: _____

**LODGMET DETAILS - Please ensure you have attached the below**

A site plan showing:

- location of any residence / existing structures
- boundary of adjoining land in other occupancy
- location of any roads, gates or grids;
- any place in which food for human consumption is stored;
- the purposed or actual location of any enclosure for the animals; and
- any watercourses.

Written consent of neighbours with adjoining boundaries and adjacent property, to the keeping of animals on property.

You can lodge your application the following ways:

**In person:** at any Council Office during normal working hours or,  
**Fax to:** (07) 4975 8500 or,  
**Mail Correspondence to:** PO Box 29, Gladstone Qld 4680 or,  
**Email to:** [info@gladstonerc.qld.gov.au](mailto:info@gladstonerc.qld.gov.au)

**OFFICE USE - REGULATORY SERVICES**

<b>RS Admin</b>	<input type="checkbox"/> Folder created	<input type="checkbox"/> Lodged in Licensing Module	Reg No.
	<input type="checkbox"/> Check Fees paid, reallocate to licence	Admin Officer Name:	