

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

Application for Cat Breeding Permit

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

APPLICANTS DETAILS (must be over 18 years of age)				
Mr / Mrs / Ms / Miss (Please circle)	Given Name/s:		Surname:	
Ph Home: ()	Work : ()		Mobile:	
Email:				
Residential Address:				
Postal Address:				
Company/Body Corporate:				
Address (head office/ registered office/place of business):				
ANIMAL DETAILS (Cat must be registered prior to applying for a Permit)				
NOTE: If more than 2 cats, over the age of 12 weeks, are on the property you must obtain a Keeping More Than Allowable Permit				
DETAILS	Current Animal 1	Current Animal 2	Current Animal 3	Current 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				
Previous Registration History (Old Address, Transfer from another Council etc):				
Are you subject to a: 1. Prohibition order or an interim prohibition order made under the <i>Animal Care and Protection Act 2001</i> ; 2. An order made under a law of another State or the Commonwealth having the same, or substantially the same, effect as an order mentioned above. Have you previously held a cat breeder approval that has been cancelled in the last 5 years? If yes, please provide details including reason for cancellation, Breeder approval number and where/who the approval was held with: _____ _____ _____				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
ANIMAL ENCLOSURE DETAILS				
Address of where the animal is located:				
Are the cats kept inside? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, what are the details of the enclosure? _____ _____ _____		
Accommodation	<input type="checkbox"/> Pen	<input type="checkbox"/> Cattery	<input type="checkbox"/> Other (please specify)	
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 <input type="checkbox"/> No <input type="checkbox"/>				
CREDIT CARD → Visa <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX <input type="checkbox"/>				
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.				

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 leave the Gladstone Regional Council area; and
2. All cats must be registered and renewed each year for the approval to remain in effect; and
3. All cats born from 2008 MUST be implanted with a microchip to be eligible to apply for this permit; and
4. 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
5. 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
6. 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 Breed/Supply Cats. 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.

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.

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

OFFICE USE – Receipt to RC570

<input type="checkbox"/> All sections are completed	Receipt Number:	CS Officer Name:
<input type="checkbox"/> Lodged in Licensing Module – Licence No:		

Leave blank so credit card strip can be cut off OR add some info about animal registration that fills the space but can be cut off with the credit card form