

Office:
Date:/
Time:
Name:

PO Box 29, Gladstone Qld 4680 Phone (07) 4970 0700 Fax (07) 4975 8500 Email info@gladstone.qld.gov.au Website www.gladstone.qld.gov.au				Time: Name:	
Application/Renewal for Restricted Dog Permit Animal Management (Cats and Dogs) Act 2008 Sections 73, 82 and 83 New Application Transfer from another Council Renewal - Permit Number:					
APPLICANT DETAILS Only 1 person can be recognised as the Animals Registered Owner - Applicant must be 18+					
Mr / Mrs / Ms / Miss S	Surname:		Given Name	Given Name/s:	
DOB: P	Ph Home: ()		Work	Work: ()	
Mobile: E	mail:				
Residential Address:					
Postal Address:					
DECEDICATED DOC DETAILS					
RESTRICTED DOG DETAILS					
Animals Name					
Animal Breed/Type	Day	Month	Year	Λαο	
Age/DOB	Day	Month	<u>rear</u>	Age	
Gender	Male		E: If the dog is 9 months or ol	der, a veterinary surgeon's certificate	
Desexed	Yes	must		n stating that the dog is either de-sexed or	
Colour		NOTE	E: A recent colour photo of th	e dog must be attached to the application.	
Distinguishing features / marks					
Microchip No.	│ │	□No			
Registration Number:					
ADDRESS (at which Restrict	ed Dog will	be kept und	er this permit)		
Address: As above or if different (please state): Structures on premises:					
□ Detached House □ Garage / Carport □ Premises fully fenced □ Other (please specify) Information Collection Statement Gladstone Regional Council is collecting your personal information to process your Restricted Dog Permit					
Application/Renewal. 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 only be accessed by authorised Council employees. This information will not be given to any other person or agency unless you have given us permission or we are required by law.					
Declaration Lapply for the Restricted Dog Permit for the abovementioned restricted dog and declare that the particulars are					
I apply for the Restricted Dog Permit for the abovementioned restricted dog and declare that the particulars are correct in every detail. I am aware that an inspection of my property may need to be carried out by an					
authorised officer in order to ensure it is suitable for the above restricted dog.					
Applicant's signature:			Date		
OFFICE USE ONLY - RC52					

CS Officer Name:

Customer Service to complete

Rec No.