

Surname:

Applicant/Owner Details

First Name:

Address:

APPLICATION TO KEEP MORE THAN THE PRESCRIBED NUMBER OF DOGS

Date of Birth (owner):

Postcode:

To the Registrar of Dogs of the Town of Gawler

Address w	here dogs will be kept:					
Email:			Mot	1obile Phone:		
Registration details of dogs currently at the above address						
	Name of dog	Breed		Microchip No.		
I.						
2.						
Details of dogs for which permission is sought						
	Name of dog	Breed		Microchip No.		
3.						
4.						
5.						
6.						
TERMS AND CONDITIONS A permit is required to keep more than 2 dogs. All dogs over the age of 3 months must be registered by 31st August each year. Town of Gawler Officers may inspect the property at any time to ensure the conditions of the approval are being complied with. The permit is only valid for the dogs listed on this application. Should a dog leave the property, we must be notified within 14 days and if the amount of dogs no longer exceed the permitted number of dogs allowed then the permit will be cancelled. Please note: You cannot replace a dog with another dog that is not listed on this application. You must submit a new application. Should we receive any complaints relating to the dogs kept on the property, the permit may be revoked at any time. These complaints may include but not limited to: dog noise, smell created by dogs, dog attacking, dog wandering off the property and exceeding the approved number of dogs. Permits are not transferable from property to property; therefore if you move to another property you will need to apply for a new permit. Applicant's Signature: Date: Date: Date:						
, ipplicant s	. 5.g. (acc) C.		Date			
Office Use Only		Date	Permit Fee	Assessing Officer:		
Receipt No.				Signed:		Date:
				Please circle:	Approved	Not Approved

Suburb:

