

Application for Additional Animal

Animal Management (Cats and Dogs) Act 2008; Mackay Regional Council Local Law No. 2 (Animal Management) 2011.

Privacy Notice: Mackay Regional Council is collecting this information in order to process your application. Council is authorised to do this under the above-mentioned legislation. If required, council may provide your details to a collection agency that has been employed by council for the recovery of unpaid fees. In all other circumstances this information will only be disclosed to a third party with your written authorisation or as required by law.

P: 1300 622 529 | E: council@mackay.qld.gov.au | F: 07 4944 2400 | PO Box 41 Mackay QLD 4740 | ABN: 56 240 712 069 CS Centres: Mon-Fri, 8:30am-4:30pm | Civic Precinct, Gordon St, Mackay | 65 Broad St, Sarina | 20 Victoria St, Mirani

For your application to be assessed you must:

- Complete all relevant sections;
- Provide all supporting information referred to on this form; and
- Submit with the relevant fee.

Contact council if you have any specific enquiries regarding fees or how to complete this form. Please type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.					
SECTION A – APPLICANT DETAILS (Please nominate only one applicant who must be over 18 years of age)					
Title:	☐ Ms ☐ Miss	Other:	D.C	D.B.:/	
Family Name:	Given Name/s:				
Postal Address:					
Suburb:			Po	st Code:	
Home Phone:			Work Phone:		
Mobile:			Email:		
SECTION B - PROPE	RTY DETAILS				
Address where animal re	esides:				
Suburb:			Po	st Code:	
Size of the property where animal resides: Less than 600m²/multi-residential premises 600m² or greater					
Is the property commercial or residential? Commercial Residential					
What is the number of animals being kept on the property?					
SECTION C – ANIMAL DETAILS – Please list <u>ALL</u> animals at the property related to this Application.					
Note: date of birth MUST b	e provided for all dogs b	orn after 26 May	/ 2017.		
Dog/Cat Name:			Dog/Cat Breed:		
Colour:	Dog D.O.B:	/	Sex: ☐ M ☐ F	De-sexed: \square Yes \square No	
Microchip No:		<u></u>	New Tag No:		
Dog/Cat Name:			Dog/Cat Breed:		
Colour:	Dog D.O.B:	/	Sex: ☐ M ☐ F	De-sexed: ☐ Yes ☐ No	
Microchip No:			New Tag No:		
Dog/Cat Name:			Dog/Cat Breed:		
		1 1		5	
Colour:	Dog D.O.B:		Sex: M F	De-sexed: ☐ Yes ☐ No	
Microchip No:			New Tag No:		
Dog/Cat Name:			Dog/Cat Breed:		
Colour:	Dog D.O.B:	/	Sex: ☐ M ☐ F	De-sexed: ☐ Yes ☐ No	
Microchip No:			New Tag No:		

SECTION D - ATTACHMENTS Please provide: A design plan for the animal housing MUST be attached, which includes: Dimensions of enclosure; a. b. Materials and construction; Details where the animals will sleep; C. d. Location of food and water; and Meets the requirements for the dogs' health and well-being, such as sufficient shelter from weather. If you are not the property owner, written permission MUST be attached from the owner or the property manager or body which manages or controls the common area to use the common area for the purpose of keeping the animal/s. SECTION E - APPLICANT CHECKLIST & DECLARATION Detailed design plan attached. ☐ Written permission from property owner/manager (if applicable). I commit to: Manage my animals to prevent noise nuisance; Providing a variety of safe objects and stimulation to prevent boredom throughout the day, and Take appropriate steps should verified complaints be made. I commit to: Providing continued physical and mental exercise and stimulation for my animals; Providing a suitable space for my animals' exercise needs; Walking my animals on a leash; Educate my family to care for the animals; Keeping my animals' vaccinations up-to-date; Monitor their health and welfare regularly to detect signs of disease, injury and distress; Watch my animals when in the presence of children or strangers; Maintain medical records for each animal; Collect my animals' faeces and dispose of in a sanitary manner when outside my property, if applicable; and Continue the training and socialisation process. ☐ I declare the information provided in this application to be true and correct, and I am over 18 years of age. Applicant Name: --Signature: Date: ____/___ **PAYMENT OPTIONS**

For a complete list of fees and charges, please refer to council's <u>Fees and Charges.</u>						
CREDIT CARD We accept Visa or MasterCard. We do not accept American Express.						
CHEQUE Make your cheques payable to Mackay Regional Council.						
CASH OR EFTPOS You can pay at any of Council's Customer Service Centres.						
OFFICE USE ONLY						
Date:	Receipt number:	Amount:				
Cashier:	Prepayment number:	(LC/HARS/Prepayment or Search)				
HEALTH & REGULATORY USE ONLY						
Property inspected on:	☐ Approved	☐ Not Approved				
Signed:	File number:	Approval number:				