Applicant To Complete This Side Only



0	ffice	Use:

Application No: Owner No: Assessment No: Parcel No: Register No: Invoiced:

Application fee paid:

Application For Licence To Keep Three Or More Dogs

Pursuant to the Dog Control Act 1996 and the Timaru District Council Bylaws

Name of Applicant: .				D.O.B:			
Postal Address:							
Contact Phone:	(Home)	(Work)	(Cell)				
Address where dogs	kept (<i>if different to a</i>	nbove):					
How many dogs do you wish to keep on the above property?							
Breed of dogs and registration numbers:							
1	Reg		2	Reg			
3	Reg		4	Reg			
5	Reg		6	Reg			
	Conditions to	be obtained to kee	p three or more dogs includ	de:			
Visitors must be able to reach the house without threat of dog (i.e. dog free access). The dog must be confined to the house property by self-closing gates and a permanent fence of a height and construction adequate to keep the dogs secure. Applicants must also meet the requirements as set out for Selected Owner Policy Status (SOP). An application questionnaire is attached and must be completed as part of this application.							
If conditions are not met at the time of inspection a new application will need to be submitted within 28 days of inspection date and a re-inspection fee of \$42.00 paid.							
This application and any approval granted, relates only to the dogs described on this form and is only applicable to the above address. It is the owner's responsibility to notify the council of any changes within 14 days. A new application will need to be made if you wish to increase the number of dogs allowed at the above property, with the applicable fee.							
I hereby make application for a licence to keep three or more dogs on the premises described above. I have read the conditions and enclose an application for Selected Owner Policy status (SOP).							
(Signature)				ady has SOP (inclusive of GST)			

For Office Use Only

		Owner ref:	Application Ref:				
			Assessment No:				
		Amount Paid:	Receipt No.:				
Three or More Dog Licence Inspection by Animal Control Unit							
Applicant:							
Situation Address:							
Breed of Dogs:							
Number of Dogs Permi	itted:	Purpose for Keeping:					
Fencing: Front:		Rear:					
Self Closing Gate:	Yes / No	Gates Locked:	Yes / No				
Condition of Fences:							
Dog Free Access:	Yes / No	Comments:					
Isolation from Boundary:							
Water Supply:							
Disposition of Dogs:							
Recommendation:							
Application is:	Approved / Declin	ed					
Comments / Condition	s:						
(Animal Control Officer	r Signature)	(Date)					