

RESPONSIBLE OWNER POLICY APPLICATION FORM

Name: _____
 Address: _____
 Postal Address: _____
 Home Phone: _____ Work/Cell Phone: _____
 Owners Date of Birth: _____



Note 1: Your dog(s) must be registered for at least one year before you complete this application. A stand down period of one year will apply if payment of dog registration is not received by the due date and/or if an infringement has been issued within the last two years.

Note 2: A fee of \$ _____ (GST Incl) must be paid at time of Application.
 Payment received ☐ Receipt No.

OBLIGATIONS – Do you agree to:

| | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| Register and Microchip all dogs in your care at the age of 3 months? An account will thereafter be issued usually in July. | <input type="checkbox"/> | <input type="checkbox"/> | Notify the Council within 14 days of any deaths, sale, transfers of dog(s) to or from you, or notify Council of change of address? | <input type="checkbox"/> | <input type="checkbox"/> |
| All dogs should be de sexed unless owner is a registered breeder. | <input type="checkbox"/> | <input type="checkbox"/> | Do you undertake to comply with the Dog Act 1996 and Council's Dog Control Bylaws and Policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Remove and dispose of, in an acceptable manner, all dog(s) droppings on your property daily? | <input type="checkbox"/> | <input type="checkbox"/> | Keep your dog(s) under proper control at all times? | <input type="checkbox"/> | <input type="checkbox"/> |
| Remove and dispose of, in an acceptable manner, your dog(s) droppings when in a public area? | <input type="checkbox"/> | <input type="checkbox"/> | Is our property fully fenced? | <input type="checkbox"/> | <input type="checkbox"/> |
| Be in attendance with your dog, when required to, by a Council Officer? | <input type="checkbox"/> | <input type="checkbox"/> | Does your property allow safe access to your front door? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Do you have more than two dogs on your property? | <input type="checkbox"/> | <input type="checkbox"/> |

| Dog Name | Tag No. | Breed & Colour | Sex |
|----------|---------|----------------|-----|
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Conditions:

Selected Owner Policy status is subject to the completion of this form, a fee of \$50.00 being paid, and a property inspection. The Council reserves the right to refuse or cancel any Selected Owner Policy status on reasonable grounds and in doing so, shall confirm the reasons for the refusal or cancellation in writing. Any application received after 31 March will not be considered until the following registration year.

I certify that to the best of my knowledge all the information contained in this application is true and correct.

Signature: _____ Date: _____

Office use only:

PASSED ☐

FAILED ☐

ACO Signature _____