

Application for Restricted Dog permit

Animal Management (Cats and Dogs) Act 2008
Section 73, 82 and 83



Enquiries: 07 4913 5000 / 1300 790 919 **Email:** enquiries@livingstone.qld.gov.au

Address: PO Box 2292 YEPPOON QLD 4703

www.livingstone.qld.gov.au

PRIVACY NOTICE

Livingstone Shire Council is collecting the personal information you supply on this form for the purpose of confirming your ownership and updating registration records. The Council is authorised to do this under the *Animal Management (Cats and Dogs) Act 2008*. Some of this information may be provided to State Government Authorities for recording on registers and reporting purposes. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

OWNER DETAILS		
Full Name:	Given Name and Surname (no initials, abbreviation or nicknames)	
Property Address:	House Number, Street Name and Suburb, Postcode	
Postal Address:	<input type="checkbox"/> As Above	
Home Phone:	Work Phone:	Mobile:
Email:		
Date of Birth:		

ANIMAL DETAILS		
Address where animal(s) kept:	<input type="checkbox"/> As Above	
Type of Shelter:	<input type="checkbox"/> Detached House <input type="checkbox"/> Garage/Carport <input type="checkbox"/> Other, Specify:	
Is the premise fully fenced?	<input type="checkbox"/> No <input type="checkbox"/> Yes	No. of Accesses:
Type of fence:	Height:	
Animal Breed:	Animal Name:	
Animal Colour ¹	Features/Marks:	
Microchip ² Number:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Weight:
Desexed ²	<input type="checkbox"/> No <input type="checkbox"/> Yes	Does the dog have and ear tattoo? <input type="checkbox"/> No <input type="checkbox"/> Yes
Animal Age:	Date of Birth:	
Permit Number:	Tag Issued:	

I declare that the information I supplied on this application is complete, truthful and correct in every detail.

Signature(s) of Animal Owner

Date

- ¹ A recent colour photo of the dog must be attached to this application.
² A copy of the microchipping certificate must be attached to this application.
³ A copy of the desexing certificate must be attached to this application.

PLEASE SEE PAGE 2 FOR PAYMENT OPTIONS

OFFICE USE ONLY	Date:	CSO:	Evidence Checked:
	Animal 1: \$	Animal 2: \$	Receipt No:

Payment Options

IN PERSON – You can pay at Council's Customer Service Centre, **Yeppoon** (Town Hall), 25 Normanby Street, **Emu Park** (Library), 7-9 Hill Street or **Rockhampton** 1A/34 East Street.

TELEPHONE – Call 1300 790 919 or 07 4913 5000 between 8am and 5pm Monday to Friday to pay with MasterCard or Visa. This form must be received before Credit Card Payments can be taken.

Note: Livingstone Shire Council complies with the Payment Card Industry Data Security Standard. Compliance helps to alleviate sensitive data being compromised and protects cardholder data. **Credit Card Numbers are NOT to be recorded on this form – Customer Service staff will contact you regarding payment once this form is received.**

MAIL – Make your cheques payable to 'Livingstone Shire Council' and return with the completed form to PO Box 2292, Yeppoon Queensland 4703.