

Colour

Sterilised (please circle)

## Application for a 3-6 Dog Permit (Not a Kennel)

## To be completed by Applicant

Record No:	I	
Assessment	Δ	

Months

Yes / No

Years

Restricted Breed (eg. Bull Terrier)

OWNERS DETAILS	101	submitted w	/ith a	a \$73.00 Applicati	on Fee				
Name Residential Addres									
Postal Address (if di	ifferent from above) _								
Phone (H)		(M)			(W)				
Email									
Age (dd/mm/yy)					l8 years	or older	·)		
Please Note: Dube contacted for	uring this applica				esident	s and/c	or propert	ty own	ers, will
Dog Name		Registration Number			Breed				
Colour		Microchip Number			Age		Years		Months
Sterilised (please circle)	Yes / No	Sex (please circl	le)	Male / Female	Restricte	ed Breed (	l (eg. Bull Terrie	r) Y	'es / No
Dog Name		Registration Number			Breed				
Colour		Microchip Number			Age		Years		Months
Sterilised (please circle)	Yes / No	Sex (please circl	e)	Male / Female	Restricte	ed Breed (	eg. Bull Terrie	r) Y	'es / No
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Sterilised (please circle)	Yes / No	Sex (please circl	e)	Male / Female	Restricte	ed Breed (	eg. Bull Terrie	r) Y	'es / No
Dog Name		Registration Number			Breed				
Calaur		Microchip			۸		V		Month

Number

Sex (please circle)

Male / Female

Yes / No

## ATTACH BRIEF EXPLANATION AS TO REASON(S) FOR EXTRA DOG(S)

<ol> <li>Are these dogs used for breeding on this</li> </ol>	s property?	Yes / No
2. Are these dogs bonafide farm working d	ogs?	Yes / No
3. Do means exist on the premises to effect	tively confine these dogs?	Yes / No
4. Have you ever had a dog declared dange		Yes / No
5. Have you ever been refused a dog regist		Yes / No
6. Have you ever received a dog infringement		Yes / No
If yes, explain		
7. Have you ever committed any offenses 2002 in the past 5 years?	against the Cat Act 2011, Do	g Act 1976, or the Animal Welfare A <b>Yes / No</b>
• •		
8. What City, Town or Shire was you last do		
9. Do your dogs have current vaccinations?		Yes / No
DECLARATION		
	d.	
I (name) named above. I understand that if I pro		
Northam may revoke or refuse this appli		information that The State of
Signed	Date	
0		
0		
OFFICE USE ONLY		
OFFICE USE ONLY	_	
OFFICE USE ONLY Officer Acknowledgement Receipt Number		te
OFFICE USE ONLY Officer Acknowledgement		te
OFFICE USE ONLY Officer Acknowledgement Receipt Number		te
OFFICE USE ONLY Officer Acknowledgement Receipt Number Signed	Da	
OFFICE USE ONLY Officer Acknowledgement Receipt Number Signed PROPERTY INSPECTION REPORT	Da	
OFFICE USE ONLY Officer Acknowledgement Receipt Number Signed PROPERTY INSPECTION REPORT I, (Ranger)	Da	
OFFICE USE ONLY Officer Acknowledgement Receipt Number Signed PROPERTY INSPECTION REPORT I, (Ranger)	Da	spected the property on
OFFICE USE ONLY Officer Acknowledgement Receipt Number Signed PROPERTY INSPECTION REPORT I, (Ranger) (Time)	Da	spected the property on  Adequate / NOT Adequate
OFFICE USE ONLY Officer Acknowledgement Receipt Number Signed  PROPERTY INSPECTION REPORT I, (Ranger) (Date) (Time) Fencing Adequate / NOT Adequate	in: _in:	Adequate / NOT Adequate Adequate / NOT Adequate
OFFICE USE ONLY  Officer Acknowledgement  Receipt Number	ins	spected the property on  Adequate / NOT Adequate  Adequate / NOT Adequate
OFFICE USE ONLY  Officer Acknowledgement  Receipt Number	in: in: Shelter Food How many received	Adequate / NOT Adequate Adequate / NOT Adequate