



Working Dog Registration Application

Subordinate Local Law No 1.5 (Keeping of Animals) 2018, Subordinate Local Law No 2 (Animal Management) 2018, Animal Management Act (Cats and Dogs) 2008. All dogs over three months old must be registered. A condition of this application is that one of the dogs is to be desexed.

Owner's Details:

Name:		
Phone:	Email:	
Residential Address:		
Suburb:	State:	Postcode:
Postal Address (if different):		
Suburb:	State:	Postcode:

Secondary Contact Details:

Name:	
Phone:	Relationship to Owner:

Declaration:

- I understand that the Stock/Working Dog Application Fee is non-refundable and is required to be paid at the time of registration of stock/working dogs.
- I understand that the Stock/Working Dog Application Fee does not imply approval, as application is subject to approval and **annual Working Dog registration fees for all working dogs** applies.
- I understand that if any of our approved dogs become deceased, I will not be able to register/purchase another dog without prior permission from Council, and that approval will be revoked if the said dog proves to be a nuisance.
- I am aware that the number of dogs kept at the above stated property cannot exceed the allowable number of dogs on a property of this size as stated in Council's Local Laws.
- I recognise that failure to comply with the Council's Local Laws and any relevant provisions of the *Animal Management (Cats and Dogs) Act 2008*, may result in Council taking enforcement action against myself.
- I have adequate enclosure to keep my dog in, to prevent it from wandering or escaping from my property.
- I acknowledge that my dog must always be under effective control and any waste produced by my dog/s will be disposed of appropriately if in a public place.
- I will ensure my dog/s will always wear their specific registration tag.
- I understand that Council's dog **registration tags** are lifelong tags and are not replaced each year, the **annual registration fees are still applicable** however the same registration number will be used for the life of the dog.
- I acknowledge that if my dog/s lifetime registration tag becomes lost or damaged a replacement tag (with a different number) can be purchased at Council's Administration Office in St George, or by calling Council on 420 8888).
- I understand that according to Council's Local Law 1.5, in addition to the first two, at least one must be desexed.

Name: _____ Signature: _____ Date: ____/____/____

Important: Information for each working dog is to be filled out on next page

Office Use Only		
Date Received: ____/____/____	Receiving Officer:	Fee/s Paid for Application:

	Dog One	Dog Two	Dog Three	Dog Four	Dog Five
Name:					
Breed:					
Colour:					
Features:					
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Desexed:	<input type="checkbox"/> Yes – Proof is required <input type="checkbox"/> No	<input type="checkbox"/> Yes – Proof is required <input type="checkbox"/> No	<input type="checkbox"/> Yes – Proof is required <input type="checkbox"/> No	<input type="checkbox"/> Yes – Proof is required <input type="checkbox"/> No	<input type="checkbox"/> Yes – Proof is required <input type="checkbox"/> No
Age:					
Microchip No.					
Office Use Tag Number					

	Dog Six	Dog Seven	Dog Eight	Dog Nine	Dog Ten (More than 10,117.14 m ²)
Name:					
Breed:					
Colour:					
Features:					
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Desexed:	<input type="checkbox"/> Yes – Proof is required <input type="checkbox"/> No	<input type="checkbox"/> Yes – Proof is required <input type="checkbox"/> No	<input type="checkbox"/> Yes – Proof is required <input type="checkbox"/> No	<input type="checkbox"/> Yes – Proof is required <input type="checkbox"/> No	<input type="checkbox"/> Yes – Proof is required <input type="checkbox"/> No
Age:					
Microchip No.					
Office Use Tag Number					