

## **CROYDON SHIRE COUNCIL**

## **APPLICATION FOR REGISTRATION OF CATS AND DOGS**

## Animal Management (Cats and Dogs) Act 2008 Local Law No. 6 – Keeping and Control of Animals

Telephone: 07 4748 7100

PO Box 17 Croydon QLD 4871

Facsimile: 07 4745 6147 **Applicants Name** (must be the owner) Address where animal/s to be kept **Postal Address Home Phone Number Work Phone Number Mobile Number Email Address Animal Details – Dogs** Dog Name: \_\_\_\_\_ Sex: Male □ Female □ Desexed: Yes  $\square$  No  $\square$  (if yes proof required) Date of Birth: Month \_\_\_\_\_ Year \_\_\_\_ Primary Breed: \_\_\_\_\_ Cross Breed: \_\_\_\_\_ Colour and Markings: \_\_\_\_\_ Permanent Identification Number (PID)/Microchip Yes □ No □ Permanent Identification Number (PID)/Microchip

Animal Details - Dogs	Dog Name:		
	Sex: Male □ Female □		
	Desexed: Yes □ No □ (if yes proof required)		
	Date of Birth: Month Year		
	Primary Breed:		
	Cross Breed:		
	Colour and Markings:		
	Permanent Identification Number (PID)/Microchip		
	Yes  No		
	Permanent Identification Number (PID)/Microchip		
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Animal Details – Cats	Cat Name:		
	Sex: Male □ Female □		
	Desexed: Yes □ No □ (if yes proof required)  Date of Birth: Month Year		
	Desexed: Yes □ No □ (if yes proof required)		
	Desexed: Yes □ No □ (if yes proof required)  Date of Birth: Month Year		
	Desexed: Yes  No (if yes proof required)  Date of Birth: Month Year Primary Breed:		
	Desexed: Yes  No (if yes proof required)  Date of Birth: Month Year Primary Breed: Cross Breed:		
	Desexed: Yes  No (if yes proof required)  Date of Birth: Month Year Primary Breed:  Cross Breed:  Colour and Markings:		
	Desexed: Yes  No (if yes proof required)  Date of Birth: Month Year  Primary Breed:  Cross Breed:  Colour and Markings:  Permanent Identification Number (PID)/Microchip		
	Desexed: Yes □ No □ (if yes proof required)  Date of Birth: Month Year  Primary Breed:  Cross Breed:  Colour and Markings:  Permanent Identification Number (PID)/Microchip  Yes □ No □		
	Desexed: Yes  No (if yes proof required)  Date of Birth: Month Year  Primary Breed:  Cross Breed:  Colour and Markings:  Permanent Identification Number (PID)/Microchip  Yes  No  Permanent Identification Number (PID)/Microchip		
	Desexed: Yes □ No □ (if yes proof required)  Date of Birth: Month Year  Primary Breed:  Cross Breed:  Colour and Markings:  Permanent Identification Number (PID)/Microchip  Yes □ No □		
	Desexed: Yes  No (if yes proof required)  Date of Birth: Month Year  Primary Breed:  Cross Breed:  Colour and Markings:  Permanent Identification Number (PID)/Microchip  Yes  No  Permanent Identification Number (PID)/Microchip		
	Desexed: Yes  No (if yes proof required)  Date of Birth: Month Year  Primary Breed:  Cross Breed:  Colour and Markings:  Permanent Identification Number (PID)/Microchip  Yes  No  Permanent Identification Number (PID)/Microchip		

Animal Details - Cats	Cat Name:				
	Sex: Male □ Female □				
	Desexed: Yes □ No □ (if yes proof required)				
	Date of Birth: Month Year				
	Primary Breed:				
	Cross Breed:				
	Colour and Markings:				
	Permanent Identification Number (PID)/Microchip				
	Yes □ No □				
	Permanent Identification Number (PID)/Microchip				
Applicant Declaration I hereby apply for registration of the animal/s described and declare that the details are correct and true to the best of my knowledge. I make this application, together with the prescribed fee in order that the animal/s above may be registered.  I am aware that the number of animals kept at this property is in accordance with the allowable number of cats/dogs to be kept as stated in Council's Local Law Policy No.					
6 - Keeping and Control of Animals. I have a suitable enclosure or adequate fencing to prevent my animal/s from escaping.					
$\square$ I do / $\square$ I do not consent for Croydon Shire Council to provide my telephone contact details to a third party when my animal is reported found. I am aware that I can change this disclosure agreement by contacting (07) 4748 7100.					
Applicants Name (please print)	Applicants Signature				
// Date					

Office Use Only	Tag Number	Animal Name	Date Paid	Fee Paid	Receipt Number
Dog 1					
Dog 2					
Cat 1					
Cat 2					

The information collected in this form will be used by Council for lawful purposes directly related to the functions and activities of the Council. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including the *Right to Information Act 2009*). The information collected may be retained as required by the *Public Records Act 2002*.