

Animal Management (Cats and Dogs) Act 2008 Sections 46, 47,54 and 55	<h2 style="margin: 0;">Application for Restricted Dog Permit/Renewal</h2> <h3 style="margin: 0;">Application for Restricted Dog Permit</h3>
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Application Date & Type	___/___/___ <input type="checkbox"/> New Application <input type="checkbox"/> Renewal <input type="checkbox"/> Permit Number:
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Applicant Details	Full name			
	18 years of age or older	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Residential address			
		Suburb	State	Postcode
	Postal address	<input type="checkbox"/> As above		
	Telephone	Home	Mobile/Work	
Email				

	Animal Name			
	Breed or type			
	Year of birth/age	Month	Year	/Age
	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
	Desexed 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If the cat/dog is desexed, a veterinary surgeon's certificate must be attached to the application.</i>
	Colour 2			
	Other distinguishing features or marks			
	Permanent Identification Number (PID) / Microchip	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Copy of Microchipping documentation issued by Vet containing M/c number must be attached</i>
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Permanent Identification Number (PID) / Microchip</td> </tr> </table>			Permanent Identification Number (PID) / Microchip
Permanent Identification Number (PID) / Microchip				

Address (at which Restricted Dog will be kept under this permit)	Address	<input type="checkbox"/> As above <input type="checkbox"/> Different (please state)
	Structure on Premises	<input type="checkbox"/> Detached House <input type="checkbox"/> Garage/Carport <input type="checkbox"/> Premises fully fenced <input type="checkbox"/> Other (please specify)

Declaration	I apply for the Restricted Dog Permit for the abovementioned restricted dog and declare that the particulars are correct in every detail. Applicant's signature Date
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Office Use Only

Date received:	Receipt No: CSO Initials:	Registration number: <input type="checkbox"/> Yes <input type="checkbox"/> No.....
<input type="checkbox"/> Registration valid from:	<input type="checkbox"/> Additional information required:	<input type="checkbox"/> Veterinary surgeon's certificate attached if cat/dog desexed

1 If the dog is 9 months or older, a veterinary surgeon's certificate must be attached to the application stating that the dog is either desexed or that desexing is not in the interests of the dog's health.
 2 A recent colour photo of the dog must be attached to the application.

PRIVACY STATEMENT
 The information collected on this Form will be used by Mount Isa City Council **Local Laws Department** in accordance with the processing or assessment of your application. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the Information Privacy Act 2009). This information may be stored in the Council database. The information collected will be retained as required by the Public Records Act 2002.