District Council of ELLISTON

PO BOX 46 ELLISTON SA 5670
PHONE: (08) 8687 9177
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EF002 APPLICATION TO KEEP MORE THAN TWO DOGS OR CATS

OWNER DETAILS

Full Name:		Telephone:	
Residential Address:			
Postal Address			
Email:			

PREMISE DETAILS

Address where animals will be kept:		
Land Size (m^2):		
Fenced Status:	☐ Yes	☐ No
Fence Construction Material:		
Fence Height (cm):		
Animal Accommodation (Pen, Kennel, Inside):		
Written consent of property owner, or managing land agent (if applicable – please attach):	☐ Yes	☐ No
Consent forms from immediate neighbours (if applicable – please attach):	☐ Yes	☐ No

ANIMAL DETAILS

Animal Type:	☐ Dog	☐ Cat
Name		
Breed:		
Colour:		
Gender:		
Date of Birth:		
Registration #:		
Microchip #:		
Desexed:	☐ Yes	☐ No

If additional animals are proposed to be kept onsite, please attach a separate sheet providing the same details for each additional animal.

DECLARATION

I declare that the information I have provided on this application form, to the best of my knowledge, is true and correct.

Name:		**Date:**	
Signature:			