

Application for Permit to Keep More than Two Dogs or Two Cats

Refer to Council By-Law No 5 (Dogs) and Council By-Law No 7 (Cats)

Applicant Details

Name of Applicant: _____

Residential Address: _____

Postal Address: _____

Phone Number: _____

Applications can be provided to Council in the following ways:

Post: PO Box 46, Elliston SA 5670

Email: dce@elliston.sa.gov.au

In Person: 21 Beach Terrace, Elliston

Explanatory Notes

All dogs/cats are required to be registered with the District Council of Elliston within 14 days from taking ownership of the dog/cat.

The criteria below will be considered as part of your application.

Animal Details

| | Animal 1 | Animal 2 | Animal 3 | Animal 4 |
|---------------------|----------|----------|----------|----------|
| Animal Type | Dog Cat | Dog Cat | Dog Cat | Dog Cat |
| Name | | | | |
| Breed | | | | |
| Colour | | | | |
| Sex | | | | |
| Age | | | | |
| Registration Number | | | | |
| Microchip Number | | | | |
| Desexed | Yes No | Yes No | Yes No | Yes No |

Premise Details where Animals will be Kept

Property Address: _____

Land Size (m²): _____ Fenced: Yes No _____

Fence Construction Material: _____

Fence Height (cms): _____

Animal Accommodation: _____

Consent of property owner: Yes No _____

Consent from immediate neighbours: Yes No _____

I make this application in the belief that the above information is true and correct:

Signature

Date

Consent Form – Application for Permit

Refer to Council By-Law No 5 (Dogs) and Council By-Law No 7 (Cats)

You are advised that an application has been lodged with the District Council of Elliston in accordance with Council By-Law No 5 (Dogs) and/or Council By-Law No 7 (Cats) for a permit that allows the permit holder to:

Keep or use a dog/cat for the purpose of breeding: Yes No
Use the Premises for the purpose of a kennel: Yes No
Keep more than two dogs: Being dogs
Keep more than two cats: Being cats

Name of Applicant: _____

Residential Address: _____

Council requires the consent of neighbouring properties prior to the approval of such an application. If you have no objection to the issue of this permit at the above address, please complete the details below, and sign and date the form.

If you have any objection to the issue of this permit, please advise why you believe this permit should not be granted.

Name of Consenter: _____

Address of Consenter: _____

Phone Number: _____

Comments (if required): _____

Signature

Date

This consent form may be returned to the application, or if preferred sent directly to the District Council of Elliston via the following means:

Post: PO Box 46, Elliston SA 5670
Email: dce@elliston.sa.gov.au
In Person: 21 Beach Terrace, Elliston