

Prescribed Dog Approval Form



Important Information

All applications will be reviewed by the Team Leader, Animal Management based on all the requirements of the Local Law being met and neighbour's consent.

Should Council decline the application, Council will require the permanent removal of the dogs subject to this application.

Dog Owner Details

Title: Mr Mrs Ms Miss

Given name(s) Date of Birth

Surname

Residential address

Suburb Postcode

Phone (W) (H) Mobile

Email address

Existing Dog Details

First Dog

Name Breed

Second Dog

Name Breed

Third Dog

Name Breed

Enclosure Details

Where animal will be kept on property (*yard, enclosure, etc*)

Details of enclosure (*materials used, etc*)

Details of Prescribed Dog(s)

1st Prescribed Dog

Gender: M F Desexed: Y N

Name Breed

2nd Prescribed Dog

Gender: M F Desexed: Y N

Name Breed

Show Dog

Full registration with Dogs QLD
Dogs QLD member no:

Agility Dog

Registered club:

Contact Name Contact Number

Foster Dog

Foster Agency:

Contact Name Contact Number

Note: Breeding of prescribed dogs is not permitted

Mandatory Requirements (*refer Page 2*)

- Reason for application
 Neighbouring Property Consent

Owner's Declaration

I declare that the information provided is true and correct.

Signature Date

Office Use Only

1 st Animal number	<input type="text"/>	SAP number	SAP
2 nd Animal number	<input type="text"/>	CSC Initials	<input type="text"/>
3 rd Animal number	<input type="text"/>	Date	<input type="text"/>
Property number	<input type="text"/>	<input type="checkbox"/> Documents attached	

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