Prescribed Dog Approval Form



Important Information	Details of Prescribed Dog(s)
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.	1st Prescribed Dog Gender: □ M □ F Desexed: □ Y □ N Name Breed
Dog Owner Details	2nd Prescribed Dog
Title: Mr Mrs Ms Miss	Gender: 🗌 M 🔲 F 🛛 Desexed: 🗖 Y 🗖 N
Given name(s) Date of Birth	Name Breed
Surname	Show Dog
	□ Full registration with Dogs QLD
Residential address	Dogs QLD member no:
Cuburb Destende	· · · · · · · · · · · · · · · · · · ·
Suburb Postcode	Agility Dog
Phone □ (W) □ (H) Mobile	Registered club:
	Contact Name Contact Number
Email address	
	Foster Dog
Existing Dog Details	Foster Agency:
First Dog Name Breed	Contact Name Contact Number
	Note: Breeding of prescribed dogs is not permitted
Second Dog	Mandatory Requirements (refer Page 2)
Name Breed	 Reason for application Neighbouring Property Consent
Third Dog	Owner's Declaration
Name Breed	I declare that the information provided is true and correct.
	Signature Date
Enclosure Details	
Where animal will be kept on property (yard, enclosure, etc)	Office Use Only
	1 st Animal number SAP
	2 nd Animal number CSC Initials
Details of enclosure (materials used, etc)	3 rd Animal number Date
	Property number Documents attached
	CSAM019 – 21/04/2022

Information Privacy Act 2009 – Redland City Council is collecting your personal information in accordance with Animal Management (Cats & Dogs) Act 2008 in order to process this application. The information will only be used by authorised Council officers for the purpose of this Third Animal Permit application and ensuring our records are accurate. Your information will not be given to any other person or agency unless you have given us permission or we are required by law to do so.

Redland City Council PO Box 21 Cleveland QLD 4163 | T 07 3829 8999 | F 07 3829 8765 | E rcc@redland.qld.gov.au | W www.redland.qld.gov.au

Prescribed Dog Approval Form

I consent to this application for a prescribed dog approval. Name Address Signature I consent to this application for a prescribed dog approval. Name Address Phone Signature I consent to this application for a prescribed dog approval. Name Address Phone Signature I consent to this application for a prescribed dog approval. Name Address Phone Signature I consent to this application for a prescribed dog approval. Name Address Phone Signature I consent to this application for a prescribed dog approval. Name Address Phone Signature I consent to this application for a prescribed dog approval. Name Address Phone Signature I consent to this application for a prescribed dog approval. Name Address Phone Signature	Provide Reasons for Application	Neighbouring Property Consent
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