

APPLICANT TO COMPLETE THIS SIDE ONLY

Owner Ref: Application Ref:



Contact Details:
Timaru District Council
2 King George Place
PO Box, 522 Timaru 7940
Tel: 03 687 7200
Fax: 03 687 7209
enquiry@timdc.govt.nz

APPLICATION FOR LICENCE TO KEEP THREE OR MORE DOGS

Pursuant to the Dog Control Act 1996 and the Timaru District Council Bylaws

Name of Applicant: D.O.B

Postal Address:

Contact Phone: (Home) (Work) (Cell)

Address where dogs kept (if different to above)

How many dogs do you wish to keep on the above property:

Breed of dogs and registration numbers:

1 Reg 2 Reg

3 Reg 4 Reg

5 Reg 6 Reg

Conditions to be obtained to keep three or more dogs include:

*Visitors must be able to reach the house without threat of dog (i.e. dog free access)
The dog must be confined to the house property by self-closing gates and a permanent fence of a height and construction adequate to keep the dogs secure*

*Applicants must also meet the requirements as set out for Selected Owner Policy Status (SOP).
An application questionnaire is attached and must be completed as part of this application.*

I hereby make application for a licence to keep three or more dogs on the premises described above. I have read the conditions and enclose an application for Selected Owner Policy status (SOP)

.....
(Signature)

.....
(Date)

Total Fee \$30.00 (inclusive of GST)

FOR OFFICE USE ONLY

Owner ref: Application Ref:

Assessment No:

Amount Paid: Receipt No.:

Three or More Dog Licence Inspection by Animal Control Unit

Applicant:

Situation Address:

Breed of Dogs:

Number of Dogs Permitted: Purpose for Keeping:

Fencing: Front: Rear:

Self Closing Gate: Yes / No Gates Locked: Yes / No

Condition of Fences:

Dog Free Access Yes / No Comments:

Type of Shelter (i.e. Kennel, Motel etc)

Isolation from Boundary:

Water Supply:

Disposition of Dogs:

Recommendation:

Application is: Approved / Declined

Comments / Conditions.....

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.....
(Animal Control Officer Signature)

.....
(Date)