

Application For Selected Owner Status

Information

- Completed form is to be returned with payment to Waitaki District Council.
- Applicants must be approved by 30 April each year to qualify for the licensing year commencing 1 July immediately following.
- All applications for permit will require a site assessment by a Council Animal Control Officer at the fee specified in our fee schedule.

Dog owners who meet the following criteria may apply to Council to have "Selected Owner" status:

- No dog owned by them in the last three years has:
 - Been impounded, chased, or returned home by a Council Animal control officer, or
 - Been the subject of any bona-fide complaint.
- The dog owner has not been issued with formal warnings, infringement notices or been prosecuted for offences against the Act in the last three years by the Council or any other Territorial Authority.
- The owner has been a registered dog owner who has resided within the Waitaki District for at least one year. An exemption to this may be made for dogs transferring from another district where written evidence has been provided from the relevant local authority that this status or similar was held previously.
- The dog/s is not classified as Dangerous.
- The dog/s is not classified as Menacing as a result of any observed or reported behaviour of the dog.
- The owner's property is suitably fenced and gated to ensure dogs are confined within the property.
- The owner's section size is appropriate for the number and size of the dog/s.
- All dog(s) owned or kept by the owner have been registered, kept, and controlled in accordance with the Act and the current Council Dog Control Bylaw.
- All dog registration fees have been paid for the past three years by due date, being 1 July.
- The dog/s is micro-chipped (excluding working dogs).
- Any information regarding the purchase of, death, sale, or transfer of dogs to and from the applicant's property, including movement of any pups born on the premises, shall continue to be notified in writing to the Council within one month.
- Any change of residential address shall be notified in writing to the Council within 14 days.
- The applicant understands that any breach of the Selected Owner status conditions, Waitaki District Dog Control Bylaw or Dog Control Act 1996 may result in cancellation of their privileges under this Policy. The owner may appeal such a decision to Council within 7 days.
- The applicant can demonstrate an understanding of the current Waitaki District Dog Control Bylaw, including the need for all dogs to be on-lead in public areas unless in a specified off-lead area.

NOTE: Dog owners holding selected owner status, may be selected at random, or if deemed necessary on a case by case basis, may be required to be audited against the selected owner criteria, once within a three year period.

Applicant Information & Canine Details

| | | | |
|---------------------|----------------------|---------------------|-------------------------------------------------------------------------------------------------|
| Applicant Name | <input type="text"/> | | |
| Residential Address | <input type="text"/> | Signature | <input type="text"/> |
| Postal Address | <input type="text"/> | Phone | <input type="text"/> |
| | | Date of Application | <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY <input type="text"/> YY |

| Dog Name | Breed | Age | Colour | Registration Number |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

☐ I hereby make application to be considered for **Selected Dog Owner Status or Re-Assessment**. I consider I have, and will continue to meet all the conditions & requirements listed.

Office Use Only

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|----------------|-------------------------------------------------------------------------------------------------|--------------------|----------------------------|
| Date Received | <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY <input type="text"/> YY | Action Officer | <input type="text"/> |
| Assessment Fee | \$ <input type="text"/> | Application Status | APPROVED / DECLINED |
| Receipt Number | <input type="text"/> | | Code 27 |