

Application for Selected Owner Status

Completed form is to be returned to the Animal Control Officer – Waitaki District Council

Applicants must be approved by the 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.

I,, hereby make application to be considered for **Selected Dog Owner Status/Re-Assessment** operated by the Waitaki District Council. I consider I have, and will continue to meet all the conditions & requirements listed below.

CANINE DETAILS:

Name:	Breed:	Age:	Colour:	Registration No.
1
2
3

Owner to complete:

Animal Control

- | | |
|--|--------------------------|
| <input type="checkbox"/> My dog/s is micro chipped (excluding working dogs) | <input type="checkbox"/> |
| <input type="checkbox"/> My dog/s has not been impounded, chased, returned in the last two years by Animal Control | <input type="checkbox"/> |
| <input type="checkbox"/> My dog/s has not been the subject of a bona-fide complaint in the last two years | <input type="checkbox"/> |
| <input type="checkbox"/> My registration fees have been paid by the due date for the last two years | <input type="checkbox"/> |
| <input type="checkbox"/> My Property is suitably fenced and gated to ensure it is dog proof | <input type="checkbox"/> |
| <input type="checkbox"/> I do not have more than 3 dogs on my property – (a permit is required for additional dogs) | <input type="checkbox"/> |
| <input type="checkbox"/> I have been a registered dog owner for at least one year (can be transferred from another district) | <input type="checkbox"/> |
| <input type="checkbox"/> My dog/s is not classified as Dangerous | <input type="checkbox"/> |
| <input type="checkbox"/> My dog/s is not classified as Menacing by breed | <input type="checkbox"/> |
| <input type="checkbox"/> I have not received infringement notices from Council in the last two years for dog related offences | <input type="checkbox"/> |
| <input type="checkbox"/> Any information regarding the death, purchase, sale, or transfer of dogs, to and from my property, including movement of pups born on the property, shall be promptly notified in writing to the Council within one month | <input type="checkbox"/> |
| <input type="checkbox"/> Any changes of residential address will be notified to council in writing within one month | <input type="checkbox"/> |
| <input type="checkbox"/> I am aware that Responsible Owner Status payment of my annual registration fee must be paid by the due date | <input type="checkbox"/> |
| <input type="checkbox"/> I understand that a breach of any of the Responsible Owner Status conditions will lead to immediate cancellation of my privileges under this Policy | <input type="checkbox"/> |

Residential Address:

Postal address if different from above:

Contact Phone:.....

Applicants Signature Date:

For Official Use Only

Date Received:

Action Officer

Application Status

Application for additional dogs

Assessment Fee

APPROVED/ DECLINED

YES NO

Code 27

Receipt #