

# Application for a Multiple Dog Licence



**ACT**  
Government

## Applicant's details

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First name	Residential address	
Last name	Email address	
Mobile	Landline	Date of birth

## Secondary contact

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First name	Relation to applicant	
Last name	Landline	Mobile

## Questions

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1. Do you understand the [application fee](#) is to cover the associated processing costs regarding this application, and if the registrar refuses to issue the licence under section 20, on first attempt, you will only be permitted two (2) opportunities to rectify the issue/s. Failure to meet the criteria for licencing after the third attempt will result in the licence application being refused, and forfeiture of the application fee.

Yes	No
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2. Do you intend to breed dogs?

Yes	No
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If yes, you are required to apply for a Sexually Entire Animal Permit (SEAP) on approval of this application if the dog is older than 6 months of age, followed by a Breeder's Licence on approval of the SEAP application if the dog is of breeding age (between 18 months and 6 years).
3. Have you had any conviction or finding of guilt within the last 10 years against a law of a state or territory for an offence relating to the welfare, keeping or control of an animal?

Yes	No
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If yes, please provide detail.

4. Are you disqualified from keeping a dog or any other animal?

If yes, please provide details

Yes

No

5. Have you read all requirements of the Animal Welfare Act 1992 and any approved or mandatory code of practice under the Act?

Yes

No

6. As part of the application process, a property inspection at your address will be conducted and neighbouring occupants will be contacted to determine potential impacts, do you understand and consent?

Yes

No

7. Do you currently hold a permit to keep an animal that is not de-sexed?

Yes

No

8. Do you currently hold a permit to keep four or more cats at the premises?

Yes

No

### **Dog or cat subject to this application**

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Name

Breed

Colour

Microchip

ACT Registration

Sex

Age

### **List all dogs or cats residing at the address**

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#### **Animal 1**

Name

Breed

Colour

Microchip

ACT Registration

Sex

Age

Is the animal de-sexed?

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**Animal 2**

Name	Breed	Colour
Microchip	ACT Registration	Sex
Age	Is the animal de-sexed?	

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**Animal 3**

Name	Breed	Colour
Microchip	ACT Registration	Sex
Age	Is the animal de-sexed?	

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**Animal 4**

Name	Breed	Colour
Microchip	ACT Registration	Sex
Age	Is the animal de-sexed?	

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**Applicant authorisation**

This application made by me accurately sets out the evidence that I would be prepared, if necessary, to give in the Tribunal as a witness. The application is true to the best of my knowledge and belief.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Authorised officer's signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**Please submit this application via email to [TCCS\\_DASPermitAndLicences@act.gov.au](mailto:TCCS_DASPermitAndLicences@act.gov.au) or in person at Domestic Animal Services located on Mugga Lane, Symonston.**