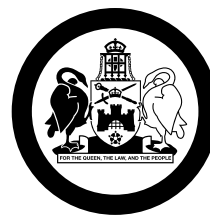


Application for a Sexually Entire Animal Permit



ACT
Government

Applicant's details

First name

Residential address

Last name

Email address

Mobile

Landline

Date of birth

Secondary contact

First name

Relation to applicant

Last name

Landline

Mobile

Questions

1) Is the animal kept for breeding? Yes No

If yes, you are required to apply for a Breeder's Licence on approval of this application if the animal is of breeding age (from 12 months to 7 years for cats and 18 months to 6 years for dogs).

2) Is the animal used, bred or bought for show? Yes No

If yes, please provide organisations name and your membership number:

Organisation name

Membership number

3) Would it be detrimental to the health of the animal if it was de-sexed? Yes No

If yes, please provide a written report from a veterinary surgeon stating that it would be detrimental to the health of the animal if it were to be de-sexed, and why it would be detrimental.

4) Is there any other reason for applying? Yes No

If yes, please describe (cultural, other).

5) 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

If yes, please provide details

6) Do you have a cat?

Yes

No

If yes, is it always contained to your property?

Yes

No

7) Has a dog or cat owned by you ever escaped from your current property?

Yes

No

8) As part of this application process, a property inspection at your address will be conducted. Neighbouring occupants will be contacted to determine potential impacts on them and their properties, do you understand this may occur?

Yes

No

9) Do you currently hold a permit to keep any other animal that is not de-sexed?

Yes

No

10) Do you currently hold a permit to keep four or more dogs, or four or more cats at the premise?

Yes

No

Dog or cat subject to this application

Name

Breed

Colour

Microchip

ACT Registration

Sex

Age

List all dogs or cats residing at the address

Animal 1

Name

Breed

Colour

Microchip

ACT Registration

Sex

Age

Is the animal de-sexed?

Animal 2

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

Animal 3

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

Animal 4

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

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 or in person at Domestic Animal Services located on Mugga Lane, Symonston.