

Application for registration of dogs

Animal Management (Cats and Dogs) Act 2008
Local Law No. 12 (Animal Management) 2013

Council of the City of Gold Coast
ABN 84 858 548 460
PO Box 5042 GCMC QLD 9726
P 07 5667 5987
E mail@goldcoast.qld.gov.au
W cityofgoldcoast.com.au

Please use **BLOCK LETTERS** and complete all details in full.

Payment of the registration fee must be submitted with this application and can only be made in person at one of our customer service centres or via post. Please refer to the [Dog registration schedule of fees](#) for full details.

Lodgement of this application does not constitute registration of the dog and the City of Gold Coast (City) reserves the right to refuse applications.

Section 1 – Applicant details			
Title	Mr, Mrs, Miss, Ms, etc.		
Surname			
First name		Middle name	
Postal address (if different to where dog is kept below)			
Email			
Preferred method to receive correspondence	<input type="checkbox"/> Email	<input type="checkbox"/> Post	
Business phone		Home phone	
Mobile phone			
Family/friend name		Phone number	

Section 2 – Address where dog is kept			
Unit no		Street number	
Complex/building name			
Street name			
Suburb		Postcode	

Section 3 – Desexing concession	
Proof must be supplied	<input type="checkbox"/> Sterilisation certificate <input type="checkbox"/> copy attached <input type="checkbox"/> statutory declaration attached <input type="checkbox"/> sighted by _____ for _____ <small>(City officers name) (Dog's name)</small>

Section 4 - Association membership concession	
<input type="checkbox"/> Dogs QLD membership number: _____	Expiry date: ___ / ___ / ___

Section 5 – Seniors fee relief – applies to two (2) desexed dogs only

Please indicate if you are applying for Seniors fee relief.

Criteria: Owner of dog must be aged 60 years or older and proof of eligibility will be required to be submitted with the application. Registration fee will be NIL for eligible dog owners.

Owner date of birth:

Seniors card

Proof of age card

Drivers licence

other documentations that has name and date of birth

Section 6 – Veterans fee relief – applies to two (2) desexed dogs only

Please indicate if you are applying for Veterans fee relief.

Criteria: Owner of dog must be a DVA card holder and complete section 8 of this form. Registration fee will be NIL for eligible dog owners.

Name on card

DVA file/card No.

Section 7 – Pension Concessions

Please indicate if you are applying for a pension concession.

Criteria: Owner of dog must be a pension card holder and complete section 8 of this form.

Name on card

Pension number

Section 8 – Centrelink/Department of Veterans' Affairs Agreement

This must be completed if applying for Pension or Veterans concession

I _____, authorise:

The City of Gold Coast to use Centrelink Confirmation eService to perform an enquiry of my Centrelink / Department of Veterans' Affairs customer details and concession card status in order to determine if I qualify for a concession or rebate. I authorise The Australian Government Department of Human Services to provide the results of that enquiry to City of Gold Coast.

I understand that:

The department will disclose personal information to City of Gold Coast including my name, address, payment and concession card type and status. This consent, once signed, remains valid while I am a customer of City of Gold Coast unless I withdraw it by contacting City of Gold Coast or the department. I can obtain proof of my circumstances from the department and provide it to City of Gold Coast so that my eligibility for concessions can be determined. If I withdraw my consent or do not alternatively provide proof of my circumstances, I may not be eligible for the concession provided by City of Gold Coast.

Signature: _____ Date _____

Office use only

Digital card sighted Yes No

Officer Name

Date:

Section 9 – Reciprocal registration from other participating local authorities

A reciprocal registration is: where the dog has been relocated to the City area from another local government and the dog is currently registered with that local authority. We will recognise the registration providing the previous local government is one of the options listed below. Applicant name must be the same name as on this application.

<input type="checkbox"/> Brisbane City Council	<input type="checkbox"/> Fraser Coast Regional Council	<input type="checkbox"/> Ipswich City Council
<input type="checkbox"/> Logan City Council	<input type="checkbox"/> Moreton Bay Regional Council	<input type="checkbox"/> Redland City Council
<input type="checkbox"/> Scenic Rim Regional Council		

Your address in the previous local government area:

Date dog is registered to: ____ / ____ / ____ Dog registration number:

Section 10 – Dog details**Dog 1 details**

Registration period	<input type="checkbox"/> 1 period expires 31/8/2020	<input type="checkbox"/> 3 periods expires 31/8/2022																				
Dog name																						
Sex	<input type="checkbox"/> Male entire <input type="checkbox"/> Female entire <input type="checkbox"/> Male desexed <input type="checkbox"/> Female desexed																					
Date of birth	Month	Year																				
Primary breed		Secondary breed																				
Primary colour Please choose one	<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Cream <input type="checkbox"/> Fawn <input type="checkbox"/> Gold <input type="checkbox"/> Grey <input type="checkbox"/> Red <input type="checkbox"/> Tan <input type="checkbox"/> Tri colour <input type="checkbox"/> White																					
Secondary colour Please choose one	<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Cream <input type="checkbox"/> Fawn <input type="checkbox"/> Gold <input type="checkbox"/> Grey <input type="checkbox"/> Red <input type="checkbox"/> Tan <input type="checkbox"/> Tri colour <input type="checkbox"/> White																					
Identifying features or markings																						
Microchip number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					

Dog 2 details

Registration period	<input type="checkbox"/> 1 period expires 31/8/2020	<input type="checkbox"/> 3 periods expires 31/8/2022																				
Dog name																						
Sex	<input type="checkbox"/> Male entire <input type="checkbox"/> Female entire <input type="checkbox"/> Male desexed <input type="checkbox"/> Female desexed																					
Date of birth	Month	Year																				
Primary breed		Secondary breed																				
Primary colour Please choose one	<input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Cream <input type="checkbox"/> Fawn <input type="checkbox"/> Gold <input type="checkbox"/> Grey <input type="checkbox"/> Red <input type="checkbox"/> Tan <input type="checkbox"/> Tri colour <input type="checkbox"/> White																					
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Declaration by applicant

I hereby apply for registration of the dog(s) listed in this application and declare that the details are correct to the best of my knowledge.

1. I acknowledge that the number of dogs kept at this property is in accordance with the allowable number of dogs to be kept on a property this size as stated in Local Law No.12 (Animal Management) 2013.

2. I approve the City to return my dog (if currently registered) to my property if found wandering for the first time, with an infringement notice being left.

3. My dog is not a regulated dog breed (i.e. American pit bull terrier, Pit bull terrier, Fila Brasileiro, Dogo Argentino, Japanese tosa, Perro de Presa Canario), and any crossbreed or offspring of these breeds.

4. If the applicant is under the age of 18 years, the parent or guardian is deemed to be the keeper of the animal.

5. I have a suitable enclosure or adequate fencing to prevent my dog(s) from escaping.

Signature of applicant: _____ date: ____/____/____

Payment options

- Cash, cheque or credit card at any of the City's branch offices. Our branch office locations and operating hours can be found on our website.
- Cheque or money order – make payable to: Gold Coast City Council. Postal address at top right of first page. Please ensure that you provide adequate reference details or attachments to allow the cheque to be appropriately received.

Note: Please be advised that payments by credit card will incur a surcharge.

Privacy statement

Council of the City of Gold Coast (Council) is collecting your personal information in order to provide the services requested, perform associated Council functions and services, and to update and maintain Council's customer information records. Your information is handled in accordance with the Information Privacy Act (Qld) 2009 and may only be accessed by Councillors, Council employees and authorised contractors. Unless authorised or required by law, we will not provide your personal information to any other person or agency. For further information go to cityofgoldcoast.com.au/privacy.

Council may also use your personal information in order to contact you to provide you with information regarding Council functions and services. If you do not wish to receive such information please opt out using the unsubscribe link in the communication material sent to you.

Office use only –					
Application code -AN					
Tag No	Dog name	Date	Fee	Receipt no	Officer name
Dog 1					
Dog 2					