



## Application for Permit of Exemption To keep additional dog and/or cats

Payment of a \$50.00 fee is due at the time of application (as per Council's Fees and Charges). Pursuant to Council's *Dogs By-Law No. 5 2016* and Council's *Cats By-Law No. 8 2018*, limit on dog and cat numbers;

- (1) The limit on the number of dogs and/or cats kept on any premises is two.
- (2) A person must not, without permission keep any dogs and/or cats on any premises where the number of dogs and/or cats being kept on those premises exceeds the limit.

### Applicant Details

Name of applicant:.....

Residential Address: .....

.....

Postal Address: .....

Email Address: .....

Telephone: Home: ..... Work: ..... Mobile: .....

Are you the owner of the property? Yes / No

If no, please supply the name and contact details of the property owner or property manager? .....

.....

If a rental property, does your rental agreement allow pets? Yes / No

### Animal Information

**DOGS** – please enter details of animals to be included on permit

Registration Number	Name	Breed	Microchip number	Desexed Y / N	Sex M / F

Do you intend to breed the dogs? Yes / No      Are your dogs for business purposes? Yes / No

#### Contact Us:

**Telephone:** 8558 0200

**In person:** 1 Charles Street, Yankalilla

**Email:** [council@yankalilla.sa.gov.au](mailto:council@yankalilla.sa.gov.au)

**Mail:** PO Box 9, Yankalilla, SA 5203

**CATS** - Details of each cat to be kept on the premises:

Registration Number	Name	Breed	Microchip number	Desexed Y / N	Sex M / F

Do you intend to breed the cats? Yes / No

Have there been complaints with regards to the animals mention on this application? Yes / No

If yes, please provide details:.....

.....

**Applicants Signature**

Name: ..... Signed: .....

**Permit Fees**

Please note:

- Payment must be made at the time of application lodgment.
- Fees are for permit application.
- No refunds will be given for unsuccessful applicants.

**Office Use Only - Customer Service Officer - copy of receipt to be attached to application**

Fee amount paid:	\$50	Receipt #:	
CSO Name:		Signature:	

**Office Use Only - Animal Management Officer**

AMO Responsible Officer:			
Record Number:			
Inspection Undertaken:	Yes <input type="checkbox"/>	Date:	
Permit Approved:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Permit #:			
Permit Expiry Date:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Permit sent to Applicant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Record Number:	
AMO Name:			
AMO Signature:		Date:	

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