South Taranaki District Council

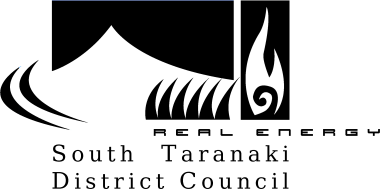
Private Bag 902, Hawera, 4640

Phone: 0800 111 323

Fax: 06 278 8757

Email: [regservices@stdc.govt.nz](mailto:regservices@stdc.govt.nz)

Web: www.southtaranaki.com

**Application Form**

**Selected Owner Policy (SOP)**

**THIS APPLICATION IS FOR:**

□ New application □ Update of details (change of address)

**Please complete sections 1 – 4 only.**

1. **APPLICANT DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name of applicant/s: | | |  | | |
| Postal Address of applicant/s: | | |  | | |
| Address where dog/s are kept: | | |  | | |
| Home phone: | |  | | Mobile phone: |  |
| Email: |  | | | | |

**2) FURTHER INFORMATION**

|  |  |
| --- | --- |
| Do you have more than 2 dogs at this address?  (If more than two dogs, please attach details) | YES / NO |

**3) DOG DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Dogs name: |  | | | | Tag number: |  |
| Dogs age: |  | Sex: Male / Female | | Spayed / Neutered: YES / NO | | |
| Dogs breed (primary and secondary): | | |  | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Dogs name: |  | | | | Tag number: |  |
| Dogs age: |  | Sex: Male / Female | | Spayed / Neutered: YES / NO | | |
| Dogs breed (primary and secondary): | | |  | | | |

**4) DECLARATION ON APPLICATION**

Signature of owner: Date:

I hereby state that the information provided on this form is true and correct. I understand that an Animal Control Officer will be in contact before the next dog registration is due, to undertake a property inspection.

**FOR OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Environmental Services check list:** | | | |
| Owner no/s: |  | Owner no/s: |  |
| Animal no/s: |  | Property no: |  |
| Classification: | YES / NO |
| Impounded: | YES / NO |
| Registered: | YES / NO | Infringements: | YES / NO |

**Please note:** Sections 5 and 6 are to be completed during the property inspection, at a later date.

|  |  |  |
| --- | --- | --- |
| **5.) ACO check list Property Inspection – ANIMAL CONTROL OFFICER TO FILL OUT ONLY!** | | **√ or x** |
| 1 | Owner present during inspection of property? |  |
| 2 | Proof of current vaccination and worming? |  |
| 3 | Is dog from Schedule 4 of the *Dog Control Act 1996* or classified as menacing by deed? |  |
| 4 | Proof that the dog is desexed? |  |
| 5 | Proof that the dog is microchipped? |  |
| 6 | Dogs are cared for: |  |
|  | * Feeding |  |
|  | * Housing |  |
|  | * Exercising / Dog Condition |  |
|  | * Fencing |  |
| 7 | Copy of Selected Owner Policy provided to owner? |  |
| 8 | Photographs of property and fencing attached? |  |
|  | Further notes: | |

**6.) DECLARATION OF ACCEPTANCE – during property inspection visit only!**

I certify that I have discussed the requirements of this policy with . (Animal Control Officer). By signing this form I have read and understand my obligations as a dog owner under the *South Taranaki District Council Selected Owner Policy*.

I shall comply with **all** requirements of the *Dog Control Act 1996*, the current *South Taranaki District Council Dog Control Bylaw* and the current *South Taranaki District Council Dog Control Policy*. I am aware that if I breach the Act, Bylaw or Policy (as mentioned above), that Council can immediately revoke my SOP status. Failure to have registration fees paid in full by 31 July each year will result in the forfeiture of SOP classification and fees will be increased accordingly.

Signature of owner/occupier: Date:

**FOR OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Environmental Services check list:** | | | |
| ACO: | Approved / Declined | RS Manager: | Approved / Declined |