

**Additional Racing Greyhound Application Form**  
**Local Law No. 1 (Administration), Local Law No. 2 (Animal Management) 2011**  
**and Animal Management (Cats and Dogs) Act 2008**

**IMPORTANT INFORMATION**

- It is mandatory for dogs 12 weeks and over to be registered with Council.
- Racing Greyhounds must also be registered with Racing Queensland.
- To keep more than 6 Racing Greyhounds, the property must be greater than 20,000 square metres.
- Written consent must be obtained from any occupiers of adjoining properties and submitted with this application.
- Racing Greyhounds must be muzzled in a public place as per Greyhound Racing Queensland regulations.
- Animal registration renewal fees apply – refer to the Fees & Charges schedule.
- Dogs must comply with Council's requirements for desexing (animal/s must be desexed within 28 days of registration), unless exemption exists.
- Being a member of a breeder association is not an exemption for desexing. An application for annual breeder approval must be sought.
- Additional animal permits are not transferable to another animal or property.

*Note: animals registered for the first time only, in the Fraser Coast Region, will be registered free of charge for the current registration period only.*

|                                                     |  |                                   |
|-----------------------------------------------------|--|-----------------------------------|
| <b>ADDRESS WHERE ANIMAL KEPT</b>                    |  | <b>Office use only – Prop No:</b> |
| Street Address, Suburb & Postcode                   |  |                                   |
| How many existing Racing Greyhounds on the property |  |                                   |

|                                                                       |                                                          |                                                              |
|-----------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------|
| <b>APPLICANT DETAILS/NEW OWNER DETAILS (must be 18 years or over)</b> |                                                          | <b>Office use only – Name No:</b>                            |
| <b>New Registration</b>                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Foster Carer</b>                                          |
| <b>Currently Registered/<br/>Change of Ownership</b>                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| <b>Title</b>                                                          |                                                          | <b>Returning to Region/<br/>Reactivation of Registration</b> |
| <b>DOB</b>                                                            | / /                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| <b>Email</b>                                                          |                                                          | <b>Given Name/s</b>                                          |
| <b>Postal Address (or as above)</b>                                   |                                                          | <b>Surname</b>                                               |
| <b>Phone</b>                                                          | M: _____                                                 | H: _____                                                     |
|                                                                       |                                                          | W: _____                                                     |
| <b>Would you like to receive your Animal notices via email</b>        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                              |
| <b>Racing Queensland Membership Number</b>                            |                                                          |                                                              |

|                                  |                                                                                                                    |                                   |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>ALTERNATE CONTACT DETAILS</b> |                                                                                                                    | <b>Office use only – Name No:</b> |
| <b>Title</b>                     | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss | <b>Date of Birth (if known)</b>   |
| <b>Surname</b>                   |                                                                                                                    | <b>Given Name/s</b>               |
| <b>Residential Address</b>       |                                                                                                                    |                                   |
| <b>Email</b>                     |                                                                                                                    |                                   |
| <b>Phone</b>                     | M: _____                                                                                                           | H: _____                          |
|                                  |                                                                                                                    | W: _____                          |

**HELP ME – I'M LOST**

**Would you like Council to release your contact information if your animal is found? Only boxes marked below will be released.**

|                                     |                                  |                                       |                                       |                                |                                      |
|-------------------------------------|----------------------------------|---------------------------------------|---------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Owner Name | <input type="checkbox"/> Address | <input type="checkbox"/> Home/Work Ph | <input type="checkbox"/> Mobile Phone | <input type="checkbox"/> Email | <input type="checkbox"/> Animal Name |
|-------------------------------------|----------------------------------|---------------------------------------|---------------------------------------|--------------------------------|--------------------------------------|

|                                                                           |                                                         |                                                     |                                                         |
|---------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------|
| <b>ADDITIONAL GREYHOUND<br/>DETAILS #1</b> *Complete sections as relevant |                                                         | <b>Animal No:</b>                                   |                                                         |
|                                                                           |                                                         | <b>Tag No:</b>                                      |                                                         |
|                                                                           |                                                         | <b>AD No:</b>                                       |                                                         |
| <b>Animal Name</b>                                                        |                                                         |                                                     |                                                         |
| <b>Racing Name</b>                                                        |                                                         |                                                     |                                                         |
| <b>Date of Birth/Age</b>                                                  |                                                         |                                                     |                                                         |
| <b>Microchip Number</b>                                                   |                                                         |                                                     |                                                         |
| <b>Colour/s</b>                                                           |                                                         |                                                     |                                                         |
| <b>Gender</b>                                                             | <input type="checkbox"/> M / <input type="checkbox"/> F | <b>Desexed</b><br><i>(if no – refer exemptions)</i> | <input type="checkbox"/> Y / <input type="checkbox"/> N |

|                                                                           |                                                         |                                                     |                                                         |
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| <b>ADDITIONAL GREYHOUND<br/>DETAILS #2</b> *Complete sections as relevant |                                                         | <b>Animal No:</b>                                   |                                                         |
|                                                                           |                                                         | <b>Tag No:</b>                                      |                                                         |
|                                                                           |                                                         | <b>AD No:</b>                                       |                                                         |
| <b>Animal Name</b>                                                        |                                                         |                                                     |                                                         |
| <b>Racing Name</b>                                                        |                                                         |                                                     |                                                         |
| <b>Date of Birth/Age</b>                                                  |                                                         |                                                     |                                                         |
| <b>Microchip Number</b>                                                   |                                                         |                                                     |                                                         |
| <b>Colour/s</b>                                                           |                                                         |                                                     |                                                         |
| <b>Gender</b>                                                             | <input type="checkbox"/> M / <input type="checkbox"/> F | <b>Desexed</b><br><i>(if no – refer exemptions)</i> | <input type="checkbox"/> Y / <input type="checkbox"/> N |

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| <b>ADDITIONAL GREYHOUND<br/>DETAILS #3</b> *Complete sections as relevant |                                                         | <b>Animal No:</b>                                   |                                                         |
|                                                                           |                                                         | <b>Tag No:</b>                                      |                                                         |
|                                                                           |                                                         | <b>AD No:</b>                                       |                                                         |
| <b>Animal Name</b>                                                        |                                                         |                                                     |                                                         |
| <b>Racing Name</b>                                                        |                                                         |                                                     |                                                         |
| <b>Date of Birth/Age</b>                                                  |                                                         |                                                     |                                                         |
| <b>Microchip Number</b>                                                   |                                                         |                                                     |                                                         |
| <b>Colour/s</b>                                                           |                                                         |                                                     |                                                         |
| <b>Gender</b>                                                             | <input type="checkbox"/> M / <input type="checkbox"/> F | <b>Desexed</b><br><i>(if no – refer exemptions)</i> | <input type="checkbox"/> Y / <input type="checkbox"/> N |

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| <b>ADDITIONAL GREYHOUND<br/>DETAILS #4</b> *Complete sections as relevant |                                                         | <b>Animal No:</b>                                   |                                                         |
|                                                                           |                                                         | <b>Tag No:</b>                                      |                                                         |
|                                                                           |                                                         | <b>AD No:</b>                                       |                                                         |
| <b>Animal Name</b>                                                        |                                                         |                                                     |                                                         |
| <b>Racing Name</b>                                                        |                                                         |                                                     |                                                         |
| <b>Date of Birth/Age</b>                                                  |                                                         |                                                     |                                                         |
| <b>Microchip Number</b>                                                   |                                                         |                                                     |                                                         |
| <b>Colour/s</b>                                                           |                                                         |                                                     |                                                         |
| <b>Gender</b>                                                             | <input type="checkbox"/> M / <input type="checkbox"/> F | <b>Desexed</b><br><i>(if no – refer exemptions)</i> | <input type="checkbox"/> Y / <input type="checkbox"/> N |

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| <b>ADDITIONAL GREYHOUND<br/>DETAILS #5</b> *Complete sections as relevant |                                                         | <b>Animal No:</b>                                   |                                                         |
|                                                                           |                                                         | <b>Tag No:</b>                                      |                                                         |
|                                                                           |                                                         | <b>AD No:</b>                                       |                                                         |
| <b>Animal Name</b>                                                        |                                                         |                                                     |                                                         |
| <b>Racing Name</b>                                                        |                                                         |                                                     |                                                         |
| <b>Date of Birth/Age</b>                                                  |                                                         |                                                     |                                                         |
| <b>Microchip Number</b>                                                   |                                                         |                                                     |                                                         |
| <b>Colour/s</b>                                                           |                                                         |                                                     |                                                         |
| <b>Gender</b>                                                             | <input type="checkbox"/> M / <input type="checkbox"/> F | <b>Desexed</b><br><i>(if no – refer exemptions)</i> | <input type="checkbox"/> Y / <input type="checkbox"/> N |

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| <b>ADDITIONAL GREYHOUND<br/>DETAILS #6</b> *Complete sections as relevant |                                                         | <b>Animal No:</b>                                   |                                                         |
|                                                                           |                                                         | <b>Tag No:</b>                                      |                                                         |
|                                                                           |                                                         | <b>AD No:</b>                                       |                                                         |
| <b>Animal Name</b>                                                        |                                                         |                                                     |                                                         |
| <b>Racing Name</b>                                                        |                                                         |                                                     |                                                         |
| <b>Date of Birth/Age</b>                                                  |                                                         |                                                     |                                                         |
| <b>Microchip Number</b>                                                   |                                                         |                                                     |                                                         |
| <b>Colour/s</b>                                                           |                                                         |                                                     |                                                         |
| <b>Gender</b>                                                             | <input type="checkbox"/> M / <input type="checkbox"/> F | <b>Desexed</b><br><i>(if no – refer exemptions)</i> | <input type="checkbox"/> Y / <input type="checkbox"/> N |

|                                                                                                                                            |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>DELAYED DESEXING (proof required)</b><br>Relevant fee will be applied in accordance with status of dog at time of registration renewal. |                                                       |
| <b>Desexing Voucher/Letter</b>                                                                                                             | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <b>Date Booked In:</b>                                                                                                                     |                                                       |
| <b>Vet Surgery:</b>                                                                                                                        |                                                       |

|                                                                                                                                                |                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>DESEXING EXEMPTION/S (proof required)</b><br>Relevant fee will be applied in accordance with status of dog at time of registration renewal. |                                                       |
| <b>Vet Certificate/Letter</b><br>*Unable to be desexed for medical reasons                                                                     | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <b>8Yrs or over; or</b>                                                                                                                        | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <b>Show Assoc.</b><br><i>(Evidence required)</i>                                                                                               | <input type="checkbox"/> Y <input type="checkbox"/> N |

|                             |                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Declaration</b>          |                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/>    | I declare that I have answered all questions truthfully and that all the information I have provided is accurate. I acknowledge that it is an offence under section 204 of the <i>Animal Management (Cats and Dogs) Act 2008</i> to provide false or misleading information.                                                                |
| <input type="checkbox"/>    | By ticking this box, I understand that if my animal is whole and/or not microchipped, and I am not claiming for an exemption and have not provided a pre-paid desexing voucher, I declare that I will provide a desexing certificate and/or microchipping information to Council within 28 days of registration, <b>or fines may apply.</b> |
| <b>Applicant Signature:</b> | <b>Date:</b>                                                                                                                                                                                                                                                                                                                                |

|                                                                                   |                                                                                       |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>Office Use Only</b>                                                            |                                                                                       |
| Date Created:                                                                     | CSO Initials: <input type="checkbox"/> Declaration consent section signed             |
| <input type="checkbox"/> Available to the public memo completed                   | <input type="checkbox"/> Desexing memo (where required) <i>(exemption OR delayed)</i> |
| <input type="checkbox"/> Owners' details verified – (Licence/Credit/Pension Card) | <input type="checkbox"/> Adjoining Neighbour Consent Attached                         |

**Privacy Notice:** In using this form you are providing personal information such as name and contact details. This information will be used only for the purpose stated above and will only be accessed by persons who have been authorised to do so. Your personal information is handled in accordance with the *Information Privacy Act 2009*. #2143769v11

**ADJOINING NEIGHBOUR/OCCUPIER DECLARATION**

I / WE \_\_\_\_\_ [print name]

OF \_\_\_\_\_ [print address]

- Give Consent
- Do Not Give Consent

For an additional animal/s to be kept at the address detailed in "Residential Address Details" section on page 1 of this application.

OCCUPIER 1 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OCCUPIER 2 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*If more than 2 occupiers (over 18 years), all names and signatures must be provided

**ADJOINING NEIGHBOUR/OCCUPIER DECLARATION**

I / WE \_\_\_\_\_ [print name]

OF \_\_\_\_\_ [print address]

- Give Consent
- Do Not Give Consent

For an additional animal/s to be kept at the address detailed in "Residential Address Details" section on page 1 of this application.

OCCUPIER 1 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OCCUPIER 2 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*If more than 2 occupiers (over 18 years), all names and signatures must be provided

**ADJOINING NEIGHBOUR/OCCUPIER DECLARATION**

I / WE \_\_\_\_\_ [print name]

OF \_\_\_\_\_ [print address]

- Give Consent
- Do Not Give Consent

For an additional animal/s to be kept at the address detailed in "Residential Address Details" section on page 1 of this application.

OCCUPIER 1 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OCCUPIER 2 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*If more than 2 occupiers (over 18 years), all names and signatures must be provided

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I / WE \_\_\_\_\_ [print name]

OF \_\_\_\_\_ [print address]

- Give Consent
- Do Not Give Consent

For an additional animal/s to be kept at the address detailed in "Residential Address Details" section on page 1 of this application.

OCCUPIER 1 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OCCUPIER 2 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*If more than 2 occupiers (over 18 years), all names and signatures must be provided