APPLICATION FOR DOG SUPPLY APPROVAL

*Dog Act 1976 s. 38O*

## Part A – Applicant details

Name of applicant: Click or tap here to enter text.

Address of applicant: Click or tap here to enter text.

Is the applicant an individual or a body corporate? *(tick one)*

Individual  Body Corporate

If the applicant is an individual, the applicant’s date of birth: Click or tap to enter a date.

Registered business name *(if applicable)*: Click or tap here to enter text.

Trading Name: *(if different to registered business name)*: Click or tap here to enter text.

ACN/ABN: Click or tap here to enter text.

Is this application related to refuge operations or a dog management facility? *(tick one)*

**“Refuge operations”**

operations conducted by a non-profit organisation for the purposes of providing temporary shelter or care to, and finding suitable homes for, stray, abandoned, seized or surrendered dogs

**“Dog management facility”**

1. a facility operated by a local government that is, or may be, used for keeping of dogs; or
2. a facility for keeping dogs that is operated by a person or body prescribed; or
3. a facility for keeping dogs that is operated by a person or body approved in writing by a local government.

## Part B – Contact details

Contact person name *(if different to applicant name)*: Click or tap here to enter text.

Postal address: Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Part C – Body corporate information*(only complete this part if the applicant is a body corporate that is not an incorporated association or a local government)*

Complete the information below for each Director of the body corporate. If there is insufficient space below, please include an attachment that provides the information specified below.

**Director 1**:

Name: Click or tap here to enter text.

Postal address: Click or tap here to enter text.

**Director 2:**

Name: Click or tap here to enter text.

Postal address: Click or tap here to enter text.

**Director 3**:

Name: Click or tap here to enter text.

Postal address: Click or tap here to enter text.

## Part D – Location information

Street address where dogs kept: Click or tap here to enter text.

Provide a description of the location at which the applicant keeps, or proposes to keep, dogs in its care. Photographs of the facilities described are required to be attached to this application.

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| Click or tap here to enter text. |

Provide a description of the level of care that will be given to dogs kept by the applicant. A dog care plan is required to be attached to support the description.

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| Click or tap here to enter text. |

Describe the training provided to person/s delivering care to the dogs.

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| Click or tap here to enter text. |

The maximum number of dogs to be kept as part of the facility? Click or tap here to enter text.

## Part E – Previous convictions

Has the applicant been convicted of an offence against the *Dog Act 1976*, the *Cat Act 2011*, the *Animal Welfare Act 2002* or an offence against a law of the Commonwealth or another State or Territory that is substantially the same as an offence under these Acts in the past 5 years?

Yes  No

If yes, provide details, specifying the date of the conviction(s), nature of the offence(s) and the legislation involved.

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| Click or tap here to enter text. |

## Part F - Attachments

The following documents are attached to this application:

Additional Director information *(if insufficient space at Part C)*

Photographs of facilities

Dog care plan

Criminal record check

Exemption granted under section 26(3) of the *Dog Act 1976 (if applicable)*

Approved kennel establishment licence *(if applicable)*

## Part G – Statements and declarations

If the applicant is a refuge operation, is the refuge operation a non-profit organisation?

Yes  No  N/A

Does the applicant hold a pet shop approval?

Yes  No

Does a close associate of the applicant hold a pet shop approval?

Yes  No

Has the applicant previously held a dog supply approval that was cancelled?

Yes  No

Can the applicant comply with the record-keeping requirements?

Yes  No

If a close associate of the applicant holds a pet shop approval, provide the name of the holder of the approval, the pet shop approval number and their relationship to the applicant.

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| --- | --- | --- |
| Name of close associate that holds a pet shop approval | Pet shop approval number | Relationship to the applicant |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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For any body corporate(s) related to the applicant, the full name and ACN of the body corporate(s).

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| **ACN of related body corporate** | **Name of related body corporate** | **Description of relationship** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

I, Click or tap here to enter text.  
 (*full name of applicant*)

of Click or tap here to enter text. Click or tap here to enter text.

(*address*) (*postcode*)

declare that:

* the information I have provided is true and correct
* I am aware that it is an offence to provide false and misleading information
* I consent to the inspection of the dog supply facility referred to in this application for the purposes of verifying the accuracy of the information contained herein
* I will comply with the [Standards and Guidelines for the Health and Welfare of Dogs in Western Australia](https://www.agric.wa.gov.au/sites/gateway/files/Standards%20and%20Guidelines%20for%20the%20Health%20and%20Welfare%20of%20Dogs.pdf)
* I consent to information provided in this application being shared with organisations that enforce the *Dog Act 1976*, *Cat Act 2011* or *Animal Welfare Act 2002*
* I will not supply a dog to a pet shop if that dog:
* is a dangerous dog (declared)
* requires significant veterinary treatment
* is unsterilised.

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Signature: