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Registration of business involving dogs in the council area where the business is/will be situated

To the Registrar of Dogs of	Adelaide Plains Council
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First Name*:		Surname*:			
Name of Business*:				ABN:	
Business Address:					
Business Suburb:				Postcode:	
Mailing Address:					
Mailing Suburb:				Postcode:	
Business Phone:		Out of Hours Phone:			
Email Address:					

<input type="checkbox"/> a kennel at which dogs are bred or trained														
<input type="checkbox"/> a kennel at which dogs are bred			Breeder Registration # (from 1 st July 2018)											
<input type="checkbox"/> the provision of security services involving the use of dogs														
<input type="checkbox"/> the provision of other services involving the use of dogs (details required)														
Details:														

I hereby apply for business registration* of the business involving dogs as described above, pursuant to section 35 of the Dog and Cat Management Act 1995 ("the Act")	Signature:
	Date:

Notice to Applicant

1. Payment of the relevant registration fee and any fee for late payment of the registration fee must accompany this application.
2. Registration remains in force until 30 June next and may be renewed for further periods of 12 months.
3. If a business is registered under section 35 of the Act, all dogs bred or trained at the kennel or used in connection with the business that are of or over 3 months of age will, while kept at the kennel or used in the business, be taken to be registered for the purposes of the Act.
4. You must inform the Registrar as soon as practicable if:
 - (a) the business is transferred to another person; or
 - (b) the owner or operator ceases to carry on the business.
5. A change in use to a business may require approval under the Development Act 1993.
6. Special requirements may apply if the business involves guard, patrol or attack trained dogs or greyhounds.
7. The Council is required to maintain a public register containing information regarding dogs it registers. The information sought on this form which has been marked with a * will be included in the public register.

Office Use Only		Registration disc number/s*:		
Applicant ID Type:		ID Number:		
Officer Name:		Date:		Signature:
Receipt Number:		Receipt Date:		
Assessment Number:				

