



**District Office**  
15 Galileo Street  
Private Bag 544  
Ngaruawahia 3742

Telephone (all hours) 07 824 8633  
Call Free 0800 492 452  
Fax 07 824 8091

**Huntly** Area Office 142 Main Street 0800 492 452  
**Raglan** Area Office 7 Bow Street 07 825 8129  
**Tuakau** Area Office 2 Dominion Road 0800 492 452

Email: [info@waidc.govt.nz](mailto:info@waidc.govt.nz)  
[www.waikatodistrict.govt.nz](http://www.waikatodistrict.govt.nz)

# Application for Permit to keep more than two dogs

Under Waikato District Council Dog Control Bylaw 2015, Section 11.0 'Keeping of dogs'

## Conditions:

1. No owner shall keep or permit to be kept on each premises more than two dogs of a greater age than three months without obtaining a permit
2. I understand that I am required to meet terms or special conditions the Council may attach to the permit.
3. Any breaches of Bylaws or the Dog Control Act **or** failure to comply with any of the conditions of the permit will result in the cancellation of the permit.
4. Any changes to the permit i.e. exceeding the amount of dogs allowed on the property, a new application is required and a fee payable.
5. Waikato District Council reserves the right to exercise discretion in the issue of permits to keep more than two dogs, even though the requirements may be met.

## Applicant details *Applicant must be legal owner of dog/s described below.*

Full name: ..... Date of birth: .....

Residential address: .....

Postal address: .....  
*(if different from residential)*

Mobile: ..... Work phone: ..... Home phone: .....

## Dog details 1

Dog name: .....

Breed: ..... Colour: .....

Sex: **M / F** Neutered? **Y / N** Age: .....

Dog registration: Year: ..... Tag Number: .....

## Dog details 2

Dog name: .....

Breed: ..... Colour: .....

Sex: **M / F** Neutered? **Y / N** Age: .....

Dog registration: Year: ..... Tag Number: .....

## Dog details 3

Dog name: .....

Breed: ..... Colour: .....

Sex: **M / F** Neutered? **Y / N** Age: .....

Dog registration: Year: ..... Tag Number: .....

**NEIGHBOURS APPROVAL** – to be completed by each adjoining neighbours

Full Name: .....	Signature: .....
Residential Address: .....	Telephone: .....
Full Name: .....	Signature: .....
Residential Address: .....	Telephone: .....
Full Name: .....	Signature: .....
Residential Address: .....	Telephone: .....
Full Name: .....	Signature: .....
Residential Address: .....	Telephone: .....
Full Name: .....	Signature: .....
Residential Address: .....	Telephone: .....

**OWNERS CONSENT** – to be completed by property owner if property where dogs are to be kept is leased or rented

Full Name: .....	Signature: .....
Residential Address: .....	Telephone: .....

**APPLICATION TO KEEP TWO OR MORE DOGS**

*check all boxes before signing*

1	The property is physically suitable to hold two or more dogs	<input type="checkbox"/>
2	I have written approval of the neighbours who live on the properties adjoining my property	<input type="checkbox"/>
3	I understand that I am required to meet such terms or special conditions the Council may attach to any permit	<input type="checkbox"/>
4	If renting, do you have written approval from the landlord and / or property Manager	<input type="checkbox"/>
<b>Owners Signature:</b> .....		<b>Date:</b> .....

**OFFICE USE ONLY:**

Fee due:	Date Paid:	Receipt No:	Eftpos/Online/Credit Card
Dog 1 ID:	Dog 2 ID:	Dog 3 ID:	
Person ID:	Property ID:	Policy:	Service Request No: