

APPLICATION FOR PET SHOP APPROVAL

# *Dog Act 1976* s. 38C

Is this an application to renew a previous pet shop approval? *(tick one)*

[ ]  Yes [ ]  No

If this is an application to renew a previous pet shop approval, the Pet Shop Number from the previous approval: Click or tap here to enter text.

**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.

Name and contact details of company directors (in order of preference to contact).

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| Click or tap here to enter text. |

**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)*

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 – Application for renewal of pet shop approval** *(only complete this part if applying for a renewal of a pet shop approval)*

With respect to dogs kept for the purpose of the pet shop business during the previous approval period, please advise the following.

Total number of dogs kept: Click or tap here to enter text.

Number of dogs that were not unable to be supplied (sold): Click or tap here to enter text.

Please attach a document detailing:

* For each dog, the name and the unique dog supply approval number of the person by whom it was supplied
* For each dog, the total period of time it was kept by the pet shop
* For each dog that was not able to be supplied (sold), its whereabouts.



**Part E – Facility information**

Street address of facility: Click or tap here to enter text.

Provide a description of the facility the applicant proposes to use to keep dogs as part of the facility. Photographs of the facilities described are required to be attached to this application.

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| Click or tap here to enter text. |

***Note: if the application is for renewal of a previous pet shop approval, the remainder of Part E only needs to be completed if the information has changed from the information provided previously.***

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

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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.

Name of the person who is responsible for the safety, care and wellbeing of the dogs kept for the purpose of the relevant pet shop business: Click or tap here to enter text.

Describe the assessment that the applicant will carry out in order to determine a person’s suitability to be supplied with a dog.

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| Click or tap here to enter text. |



**Part F – 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 G – Attachments**

The following documents are attached to this application:

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

[ ]  Photographs of facilities

[ ]  Dog care plan

[ ]  Terms and conditions on which the pet shop will accept the return of dogs supplied in the course of its business

[ ]  Criminal record check

For renewal applications only:

[ ]  Updated dog care plan *(if applicable)*

[ ]  The details of the person who supplied each dog and the total period of time each dog was kept by the pet shop

[ ]  The whereabouts of each dog that was kept by the pet shop business that were unable to be supplied

**Part H – Statements and declarations**

Is the applicant conducting refuge operations?

[ ]  Yes [ ]  No

Does the applicant operate a dog management facility?

[ ]  Yes [ ]  No

Has the applicant previously held a pet shop approval that was cancelled?

[ ]  Yes [ ]  No

Is the applicant able to comply with section 38K of the *Dog Act 1976*?

[ ]  Yes [ ]  No

Does the applicant hold a dog supply approval?

[ ]  Yes [ ]  No

Does a close associate of the applicant hold a dog supply approval?

[ ]  Yes [ ]  No

Does a close associate of the applicant conduct refuge operations or operate a dog management facility?

[ ]  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** |
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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** | **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 facilities described in Part E of 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.*

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Signature:

