



WAIROA DISTRICT COUNCIL

REGULATORY DEPARTMENT

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📮 PO Box 54, Wairoa 4160, Hawke's Bay

🏠 Coronation Square, Queen Street, Wairoa

SELECTED OWNER APPLICATION FORM

Applicant Details

Full Name of Applicant: _____

Date of Birth of Applicant: _____

Property Address: _____

Phone Number of Applicant: _____

Number of Dogs over the Age of 3 Months: _____

Names of Canine Obedience Club or Related Affiliations: _____

Details of Dogs Registered

Reg. No.	Name	Age	Sex	Microchip	Neutered

Any or all dogs kept for breeding purpose ☐

Permit to keep 3 or more dogs

Under Section 4 of the Dog Control Bylaw in an urban situation you cannot keep more than two (2) dogs over the age of three months unless you obtain a permit from the Council (with the exception of dogs registered as Working Dogs or Disability Assist Dogs). If you have an existing permit please attach. You can apply for a permit online.

Sketch attached ☐

Please attach a sketch of the property showing the position of all kennels and runs on the property.

Declaration by Applicant

I, full name of applicant, declare the information above to be correct and hereby apply for selected owner status.

Signature

Applicant

Date