

Application for Registration of a Premises for Keeping Pigeons



Animal Local Law 1999

Please complete all details:

Name: _____

Address: _____

Suburb _____ Postcode _____

Phone Number: _____ Email: _____

Maximum number of adult pigeons to be kept*: _____

**Maximum number of pigeons shall not exceed 20, excluding young birds, unless satisfactory proof is provided that the applicant is a current financial member of a recognized incorporated racing pigeon body, or is a registered pigeon fancier, then the maximum number may be up to 150 pigeons, if approved by Council.*

Are you a member of a Racing Federation or a registered pigeon fancier: Yes No
(Written Certification Required)

Club/Federation Name: _____

Club/Federation Address: _____

Please submit the following criteria to enable your application to be processed:

Checklist (please tick)

- A plan of the premises showing the application of the enclosure and all other buildings, structures and fences.
- Plans and specifications of the proposed enclosure.
- Details of pigeon release times.

Upon application the City will write to obtain consent and/or comments of all owners/occupiers whose land is adjacent to the land where the pigeons are to be kept.

Applicant's Signature _____

Applicant's Name: _____

Date Signed: _____

FEES: To be paid upon submission of application - \$147.60 (non refundable)

Submission of application and payment of the fee does not guarantee approval. Please allow up to 28 days for application to be processed.

Address: _____

Credit Card Payments <small>(please note, payments by credit card incur a surcharge of 0.57% (inc GST))</small>	
<input type="checkbox"/> <input type="checkbox"/>	
Name on Card: _____	Expiry Date: _____
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$147.60
Signature: _____	Date: _____

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Physical: 23 Dundobar Road, WANNEROO WA 6065 **Postal:** Locked Bag 1, WANNEROO WA 6946
Ph: (08) 9405 5000 **Fax:** (08) 9405 5499 **Email:** health@wanneroo.wa.gov.au

Health Services – Application Form