|  |
| --- |
| PART A – Applicant details |
| Name and personal details of the individual responsible for the event.*Please note: An organisation cannot apply for an animal sale permit, however an individual can apply as a nominated representative of an organisation. It is important to recognise that the nominated representative is responsible for the event and will be held accountable for any offences.* |
| Full name: |
| Address: | Phone: |
| City: | State: | Postcode: |
| Email: |
| Secondary contact person (optional) |
| Full name: |
| Email: | Phone: |

|  |
| --- |
| PART B – Organisation details |
| Is the animal sale event being conducted in association with an organisation?🗌 Yes🗌 No (go to PART C) |
| Name of affiliated organisation:  |
| Australian Business Number (ABN) (if applicable): |
| Phone number: |
| Email: |
| Postal address: |
| Applicant role in organisation: |
| Is the organisation a not-for-profit organisation (according to the below definition)?🗌 Yes🗌 NoNot-for-profit means an organisation which does not operate for the person gain, profit or benefit of any of its members or the person in charge of the organisation.*If yes, you are entitled to a discounted application fee of $29.60.*  |
| Is the organisation an Incorporated Association?🗌 Yes - If yes, please include your organisations incorporated associations registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🗌 No |

|  |
| --- |
| PART C – Animal sale details |
| Name of the animal sale event: |
| Date of the animal sale event:\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_*Please note: This can only be a single day. If you intend to hold an animal sale event across multiple days you will need to apply for an animal sale permit for each day the event is held.* |
| Time the animal sale commences: | Time the animal sale concludes:  |
| Address of the venue for the animal sale event: |
| Please identify the animals being offered for sale at your event:🗌 Caged birds🗌 Cats🗌 Dogs🗌 Guinea pigs🗌 Mice🗌 Rabbits 🗌 Reptile🗌 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| PART D – On-Call veterinarian details |
| Name of Veterinarian: |
| Clinic name (if applicable): | Phone number: |
| Address: |
| Suburb: | State: | Postcode: |
| Email: |

|  |
| --- |
| PART E – Attachments |
| * Please attach a document, it may be a copy, describing the animal accommodation at the place of the proposed sale.
 |
| * Please attach a copy of your Animal Care Policies and Procedures that will apply to the event, including veterinary support and emergency management and evacuation plans.
 |
| * Please attach a copy of your agreement with a veterinary practitioner confirming that the veterinary practitioner will remain on call for the duration of the event and that the venue is suitable for the event.
 |
| * Please attach a copy of your Consumer Sale Guarantee for the sale of animals at the event.
 |

|  |
| --- |
| PART F – Declarations |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree that:1. The information contained in this application is true and correct.
2. I am aware of and will fulfil my legal responsibilities and obligations including any conditions associated with the animal sale permit.
3. I will ensure that all animals have access to clean drinking water at all times in a container that cannot be tipped over easily.
4. I will ensure that all animals have adequate protection from adverse weather conditions at all times.
5. I will ensure that if a purchaser is not satisfied at the sale due to health, physical or other reasons (excluding accidents) as provided for in the sale guarantee, that the sale guarantee is honoured.
6. Members will be adequately informed of all conditions of the animal sale permit.
7. An Animal Sale Report will be submitted to the Minister within 28 days of the sale.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that I have not being found guilty of an offence against the *Domestic Animals Act 1994, Prevention of Cruelty to Animals Act 1986* or the law of another State or Territory of the Commonwealth that corresponds to this legislation.Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| PART G – Payment method |
| *Please note – there are two different application fees. Please select from the below options:*□ $29.60 Not-for-profit Entity applications□ $177.70 All other applicationsCHEQUE: Please enclose a cheque made payable to ‘Department of, Jobs, Precincts and Regions’ for the total amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CREDIT CARD: Please complete the Credit Card Authorisation Form on the next page and post it as part of your application. Credit card details should not be sent via email. Please call 03 9217 4294 for further payment information. Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_□ I would like a receipt, once payment is processed |

|  |
| --- |
| PART H – Contact Information |
| Assistance is available to applicants by emailing DAS@agriculture.vic.gov.au or calling 03 9217 4294. If sending payment information by post, please address the post to:Animal Welfare Victoria – Domestic Animal Services team475 Mickleham RoadATTWOOD VIC 3049 |

GPO Box 4509

Melbourne,
Victoria 3001 Australia

Telephone: +61 3 9651 9999

DX 210074

ABN: 69 981 208 782

**DJPR Credit Card Authorisation Form**

Name on the Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Card: Visa Mastercard (please circle)

Card number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Code (phone orders only)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Invoice Number/Charge Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item(s) Purchased\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount to be Charged $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, you authorise the Department of Jobs, Precincts and Regions to charge your card for the amount listed above.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_