

## **Permanent Animal Permit Request**

Applicant Informa	tion:		
FULL NAME:			
ADDRESS:			
CITY:	STATE:	POSTCODE:	
PHONE NUMBER:			
EMAIL ADDRESS:			
RESIDING PROPERTY NA	AME AND ADDRESS ON HAM	IILTON ISLAND:	
	ned by the above-mention e property to support you	ned applicant, written const or application. nformation	ent must be provided
MICROCHIP	Allillari	inormation	
NUMBER			
ANIMAL NAME			
BREED			
AGE			
GENDER			
COLOUR			

Please provide both the below documents

Is the animal a non-aggressive breed: YES/NO

- Current Vaccinations
- Recent Photo of Animal

Please note that such requests are subject to availability, as our maximum capacity is limited to <u>four animals</u>. We review permit applications based on current occupancy and will notify you if space becomes available.



## **Declaration:**

I declare that the information provided in this form is true and correct to the best of my knowledge. I understand that approval of this request is subject to review and compliance with applicable regulations.

C:		
Signature: _		

CIVIL SERVICES APPROVAL								
Full Name		Signature		Date				

Please return the completed form for Permanent Animal Permit Request to <a href="mailto:civilservices@hamiltonisland.com.au">civilservices@hamiltonisland.com.au</a>

Generally, the type of personal information we collect about you is the information that is needed in relation to your dog and travel plans. For example, we may collect details such as your name, residential address, mailing address, telephone number and email address. By proceeding you agree with the terms set out in the applicable Hamilton Island's Privacy Policy available at <a href="https://www.hamiltonisland.com.au/general-business-privacy-policy">https://www.hamiltonisland.com.au/general-business-privacy-policy</a>