

# Intention to keep a pet

Use this form to notify the Chief Executive Officer (Housing) of your intention to keep a pet and/or assistance animals at your premises. Please include all pets and assistance animals you will be keeping at the premises. You must not keep any pets at a premises for 14 days after lodging this form, unless you receive confirmation from the Chief Executive Officer (Housing) approving your pet and/or assistance animal to be kept at the premises.

Fields marked with asterisk (*) are mandatory.			
<b>Client details*</b>			
Title	<input type="checkbox"/> Mr/ <input type="checkbox"/> Mrs/ <input type="checkbox"/> Ms/ <input type="checkbox"/> Miss/ <input type="checkbox"/> Other	Are you a current tenant?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Full name			
Contact number		Mobile	
<b>Premises details*</b>			
What is the address the pet/assistance animal will be kept at?			
<b>Pet/Assistance animal details</b>			
Is the animal you intend to keep an assistance animal?*	<input type="checkbox"/> Yes / <input type="checkbox"/> No	How many animals will be kept on the premises?*	
Is your pet/assistance animal desexed?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Is your pet/assistance animal registered with the local council?	<input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> NA
What type of animal/s is your pet/assistance animal?* e.g. dog/cat		What is or will be your pet / assistance animal's name?* e.g. Max	
What breed is your pet/assistance animal?* e.g. greyhound/siamese			
What is the age of your pet/assistance animal?			
Please describe your pet/assistance animal's behaviour or any other information			

**Declaration – read this before signing**

*The Department of Territory Families, Housing and Communities only collects personal information which is reasonably necessary, or related to, its functions and activities. If you do not provide the Department with the requested information, we may not be able to provide you with the services or assistance that you are seeking. The information collected will be handled as outlined in our Privacy Policy, which is available on [tfhc.nt.gov.au](http://tfhc.nt.gov.au) or can be requested by contacting the Department. By providing your personal information in this form, you consent to the collection, use, storage and disclosure of your personal information as described in our Privacy Policy. You have a right to seek access or correction of any information we hold about you. If you have any queries or concerns about how your personal information is collected and used, please contact the Legal and FOI Unit on (08) 89992602.*

Full name			
Signature		Date	/ /
<b>Office Use Only*</b>			
Group number		Date received	/ /
Receipting Officer name/User ID		14 days expiry date	/ /

**Further information**

Please attach any relevant registration or ownership documents to this form. All completed forms and supporting documents can be lodged at your local Housing office.