

Animal management request



When to use this form

Use this form if you have any general concerns that relate to animals. These may include:

- roaming dogs
- dogs fouling
- roaming livestock
- cats

For concerns specifically relating to a [barking dog](#) or a [dog attack](#) please complete the specific forms for these purposes. Alternatively you can contact us on 6238 2711 or at coh@hobartcity.com.au.

Location

In order for us to investigate your concern, the location needs to be identified by the person submitting the request.

Unit/street number (or other location e.g. Cornelian Bay) Required

Street name Required

Suburb (Select 1 option) Required

- Battery Point
- Dynnyme
- Fern Tree
- Glebe
- Hobart
- Lenah Valley
- Lower Sandy Bay
- Mount Nelson
- Mount Stuart
- New Town
- North Hobart
- Queens Domain
- Ridgeway
- Sandy Bay
- South Hobart
- Tolmans Hill
- West Hobart

If the suburb you need does not appear in the list above that may mean the location is not within the Hobart municipal area. Refer to the [localities listing](#) to see what Council you need to report the issue to.

Animal Details

What animal do you have a concern with? (Select 1 or more options) Required

- dog
- cat
- sheep
- goat
- other

Complete this field if you made a selection that includes 'other' in *Animal Details: What animal do you have a concern with?*

What sort of animal? Required

Please describe why this animal is causing you concern Required

Attach any supporting documentation



Please attach all files to the end of this form before submitting it.

Personal details

First name Required

Last name Required

Email address

Telephone number Required

Address

Unit/street number Required

Street name Required

Suburb (Select 1 option) Required

- Battery Point
- Dynnyme
- Fern Tree
- Glebe
- Hobart
- Lenah Valley
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Is this your postal address? (Select 1 option) Required

- yes
- no

Complete this field if you selected 'no' in *Personal details: Is this your postal address?*

Postal address Required

Preferred contact method (Select 1 option) Required

- email
- telephone
- Australia Post
- SMS

Declaration

In submitting this form: (Select 1 or more options)

I declare the information I have provided is true and correct. **Required**

I agree that by typing my name below I have signed this form. **Required**

Name of signatory **Required**

Date **Required**

(Submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
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For information on how Council manages, handles, and protects personal information it collects please refer to the [Privacy Statement and Policy](#).

End of form

Don't forget to attach all files before submitting this form