

**Animal Management
(Cats and Dogs) Act
2008 Section 46, 47,
54 and 55.**

Request to Amend Dog Registration and / or Replacement of Registration Tag

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.
Please complete application for dog registration if you are applying for reciprocal registration from another council.

Please tick the appropriate box.

Please complete this form if you are advising Council of the following:

- | | |
|--|--|
| <input type="checkbox"/> Change of Dog Ownership | <input type="checkbox"/> Dog no Longer Living at Residence |
| <input type="checkbox"/> Replacement of Registration Tag | <input type="checkbox"/> Dog Relocated out of Shire |
| <input type="checkbox"/> Dog Missing/Stolen (Please state missing dog details) – | <input type="checkbox"/> Police Report Attached |

Please provide current owner details.

Current Owner Details

This section must be completed for all applications.

Current Owner / Name	Date of Birth	/	/
Drivers Licence Number (Optional)	State of Issue:		
Current Residential address			
Locality/town	State	Postcode	
Current Postal address			
Locality/town	State	Postcode	
Phone number	Mobile number		
Fax number	Email		

It is necessary to supply us with a contact number.

Please provide previous owner details.

Previous Owner Details

This section must be completed if you are applying for a change of dog ownership.

Previous Owner / Name	Date of Birth	/	/
Drivers Licence Number (Optional)	State of Issue:		
Previous Residential address			
Locality/town	State	Postcode	
Previous Postal address			
Locality/town	State	Postcode	
Phone number	Mobile number		
Fax number	Email		

It is necessary to supply us with a contact number.

First Dog Details

Second Dog Details

<p>Name</p> <p>Breed</p> <p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Colour</p> <p>Address where dog is to be kept:</p> <p><input type="checkbox"/> As Above (Current Owner Details)</p> <p><input type="checkbox"/> Relocated out of Shire (Please State Shire Below)</p> <p><input type="checkbox"/> No Longer Living at Residence (If Known, Please State Address Below)</p> <p>_____</p> <p>_____</p> <p>Tag Number:</p> <p>New Tag Number (If applying for a replacement tag):</p>	<p>Name</p> <p>Breed</p> <p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Colour</p> <p>Address where dog is to be kept:</p> <p><input type="checkbox"/> As Above (Current Owner Details)</p> <p><input type="checkbox"/> Relocated out of Shire (Please State Shire Below)</p> <p><input type="checkbox"/> No Longer Living at Residence (If Known, Please State Address Below)</p> <p>_____</p> <p>_____</p> <p>Tag Number:</p> <p>New Tag Number (If applying for a replacement tag):</p>
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Please sign certification on the next page.

Certification

I declare the information provided in this application to be true and correct.

Signature _____

Date _____ / _____ / _____

Please note: This application MUST be lodged with your Council

Office use only

Date Received: _____

Application Checked: YES NO

Fee (\$): _____

Taken By: _____

Receipt No: _____

Tag No (1): _____

FID8207

Tag No (2): _____

PRIVACY COLLECTION NOTICE: THE PERSONAL INFORMATION GATHERED BY COUNCIL ON THIS FORM IS FOR THE PURPOSE OF MAINTAINING COUNCIL'S ANIMAL REGISTER AND WILL NOT BE USED FOR ANOTHER PURPOSE OR GIVEN TO ANY OTHER PARTY UNLESS YOU HAVE CONSENTED OR COUNCIL IS REQUIRED OR AUTHORISED BY LAW TO DO SO.