



APPLICATION TO REGISTER DOG(S)

For Year Ending 30 June

Owner 1

Owner 2

OWNER DETAILS

Mr/Mrs/Miss/Ms Surname _____

Forenames _____

Postal Address _____

Residential Address (if different to Postal)
(Please include Rapid or Dairy Number) _____

Phone: Home _____ Work _____

Mobile _____

Owners Date Of Birth _____

E-Mail _____

Mr/Mrs/Miss/Ms Surname _____

Forenames _____

Postal Address _____

Residential Address (if different to Postal)
(Please include Rapid or Dairy Number) _____

Phone: Home _____ Work _____

Mobile _____

Owners Date Of Birth _____

E-Mail _____

DOG DETAILS

Name of Dog _____ Age _____ Sex: Female Male

Address at which Dog is ordinarily kept _____

Primary Breed _____ Primary Colour _____

Secondary Breed _____ Secondary Colour _____

Any Distinguishing Marks? Please Describe: _____

Do you want to keep more than one dog on your property? *(Urban Only)* Yes No
(Fill in Application Form for more than one dog)

Tattoo (Describe) _____

Microchip Details (Certificate Required) _____

Is the Dog De-sexed? (Certificate Required - Urban Only) Yes No

Is the Dog Classified under the Dog Control Act as Dangerous Menacing Unknown

Is the Dog currently registered with another Council Yes No Unknown

Council _____ Year Registered _____ Tag Number _____

DECLARATION

I hereby verify that the above particulars are correct
(This application will not be accepted if not signed by the dog owner)

Signature _____ Date _____

Office Use Only

Registration Fee _____

Rural Urban Neutering Certificate Microchip Certificate Special Ownership Form

Owner Number _____ Tag Number Issued _____ Microchip Exempt Tag _____



Name of Dog _____ **Age** _____ **Sex:** Female Male

Address at which Dog is ordinarily kept _____

Primary Breed _____ Primary Colour _____

Secondary Breed _____ Secondary Colour _____

Any Distinguishing Marks? Please Describe: _____

Tattoo (Describe) _____

Microchip Details (Certificate Required)

Is the Dog De-sexed? (Certificate Required - Urban Only) Yes No

Is the Dog Classified under the Dog Control Act as Dangerous Menacing Unknown

Is the Dog currently registered with another Council Yes No Unknown

Council _____ Year Registered _____ Tag Number _____

Name of Dog _____ **Age** _____ **Sex:** Female Male

Address at which Dog is ordinarily kept _____

Primary Breed _____ Primary Colour _____

Secondary Breed _____ Secondary Colour _____

Any Distinguishing Marks? Please Describe: _____

Tattoo (Describe) _____

Microchip Details (Certificate Required)

Is the Dog De-sexed? (Certificate Required - Urban Only) Yes No

Is the Dog Classified under the Dog Control Act as Dangerous Menacing Unknown

Is the Dog currently registered with another Council Yes No Unknown

Council _____ Year Registered _____ Tag Number _____

Name of Dog _____ **Age** _____ **Sex:** Female Male

Address at which Dog is ordinarily kept _____

Primary Breed _____ Primary Colour _____

Secondary Breed _____ Secondary Colour _____

Any Distinguishing Marks? Please Describe: _____

Tattoo (Describe) _____

Microchip Details (Certificate Required)

Is the Dog De-sexed? (Certificate Required - Urban Only) Yes No

Is the Dog Classified under the Dog Control Act as Dangerous Menacing Unknown

Is the Dog currently registered with another Council Yes No Unknown

Council _____ Year Registered _____ Tag Number _____

