

ANIMAL REGISTRATION APPLICATION

OWNER DETAILS		
Surname	Given Name	
Residential Address		
		Postcode
Telephone (H)	(W)	(M)
Postal Address		
		Postcode

ANIMAL DETAILS			
	Animal 1	Animal 2	Animal 3
Animal Type	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	<input type="checkbox"/> Dog <input type="checkbox"/> Cat
Restricted Breed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breed			
Colour			
DOB			
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Desexed <small>(Proof must be provided)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Microchip	<i>Microchip is compulsory for all new or transfer registrations.</i>		
Pet's Name			
Pensioner Concession No. <small>(Proof must be provided)</small>		Expiry Date	/ /
Fees(s)	\$	\$	\$

PENSIONER CONCESSION

Eligible Pensioner Concession Card must be produced to receive the reduced fees. Please note that holders of Health Care Cards are not eligible for a concession.

TOTAL AMOUNT DUE

\$

Office use only

TAG NO.			
Pet Reference Number			
Fee Code			
Property No.		Receipt No.	

I the undersigned hereby make application to Council for the registration of the animal(s) described, knowing that a person making an application under the (Domestic Animal Act) must not give false information in that application. The penalty for making a false statement exceeds \$500.

Owner consent to giving identifying information for the purposes of reuniting the animal: **Y or N** (Please Circle)

Signature of owner _____ Date _____

