

Local Law Enforcement

Application for: New Animal Registration Transfer Registration

APPLICANT DETAILS: Only 1 person can be recognised as the Animals Registered Owner – Applicant must be 18+

Surname: _____ First Name: _____ DOB: _____

Telephone -Home: () _____ Work:() _____

Mobile: _____ Email - Private: _____

Email – Work: _____

Residential Address: _____

Postal Address: _____

DETAILS OF PENSION CONCESSION: Cashier MUST sight card and verify Concession Number

Pensioner Number: _____ Sighted by Officer: _____

	Animal 1	Animal 2	Animal 3	Animal 4
Name				
Species	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Cat <input type="checkbox"/> Dog
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Breed				
Colour				
Age	y / m	y / m	y / m	y / m
Microchipped	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Desexed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Written proof (vet certificate/statutory declaration) of desexing and/or microchipping MUST be provided to verify discount fee entitlements</i>				
Tag No.				
Reference No.				

Please provide the animals microchip numbers and attach certificates:

Has your animal been declared for any of the following:

Animal 1	<input type="checkbox"/> Regulated Dog <input type="checkbox"/> Menacing Dog	<input type="checkbox"/> Dangerous Dog
Animal 2	<input type="checkbox"/> Regulated Dog <input type="checkbox"/> Menacing Dog	<input type="checkbox"/> Dangerous Dog
Animal 3	<input type="checkbox"/> Regulated Dog <input type="checkbox"/> Menacing Dog	<input type="checkbox"/> Dangerous Dog
Animal 4	<input type="checkbox"/> Regulated Dog <input type="checkbox"/> Menacing Dog	<input type="checkbox"/> Dangerous Dog

OFFICE USE ONLY

Entered By: _____

Parcel Key: _____

Receipt No.: _____

RMU
LE2.1

ALTERNATIVE CONTACT PERSON: In case of Emergency

Name:

Telephone No.:

Address:

LODGEMENT CHECKLIST AND ADDITIONAL INFORMATION**NEW REGISTRATION**→ Proof of Desexing and Microchipping must be attached to validate discounted fee entitlements **ATTACHED** **CHANGES TO EXISTING REGISTRATION**Previous Address Where Animal Kept: _____
*Also remember to update you details with the microchip registry if your **animal is microchipped**.***TRANSFER OF REGISTRATION FROM ANOTHER LOCAL COUNCIL**→ Proof of Desexing / Microchipping **ATTACHED** → Proof of Current Registration e.g current tag or document from previous council to verify entitlement to transfer fee (\$10 per animal) **ATTACHED**

Previous Council: _____

DECLARATION OF LODGMENT

I wish to apply for a new animal registration / an update of animal and/or owner details / a transfer of registration from another local government area as indicated for the animal(s) description and hereby declare that:

1. My dog is not a restricted breed (i.e. Dogo Argentino, Fila Brasileiro, Japanese Tosa or of the type commonly known as 'American Pit Bull Terrier' or 'Pit Bull Terrier') or any crossbreed thereof;
2. I acknowledge that my personal information may be given to a third party for the purpose of reuniting my lost animal should the need arise; and
3. I authorise Centrelink or the Department of Veteran Affairs to divulge to Gladstone Regional Council the information contained in my records as it is deemed necessary to determine my eligibility for concession rebate entitlements and for no other purpose

PRIVACY ACT PERSONAL INFORMATION COLLECTION NOTICE: The Gladstone Regional Council is collecting your personal information and that of the alternate emergency contact person to process your application for new animal registration/transfer of registration from another local government area. The information will only be accessed by authorised Council employees. Some of this information may be given to a person who finds your animal and wishes to return it to you. This information will not be given to any other person or agency unless you have given us permission or we are required by law.

Signature of applicant: _____

Date: _____

PAYMENT OPTIONS – Only to be completed if NOT paying at a Council Office in person

You may pay in person at any of Council's Administration Centres. Cashier hours may vary at each office. General operating hours are from 9 am to 4.30pm – Monday to Friday

CREDIT CARD → Visa Master Card AMEX

Name on Card: _____ Expiry Date: __ __ / __ __

Card Number: __ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __ Verification Number: __ __ __ __

Please tick if a receipt is required: Yes No **POST** → Post a cheque or money order made payable to Gladstone Regional Council.

Mail to: Gladstone Regional Council, PO BOX 29, GLADSTONE DC QLD 4680

BPAY → If you wish to pay via BPAY Please Fax: 4975 8500 OR Email: info@gladstonerc.qld.gov.au this application form to Council in order for Animal Reference Numbers and Biller Code details to be allocated to you for use. An officer will then contact you via return fax or email with relevant details.