



CASSOWARY COAST REGIONAL COUNCIL

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APPLICATION FOR REGISTRATION/RENEWAL OF REGISTRATION/CHANGE OF DETAILS OF REGISTRATION OF CAT OR DOG
ANIMAL MANAGEMENT (CATS AND DOGS) ACT 2008
 SECTIONS 46, 47, 54 AND 55

Application Type - 1	<input type="checkbox"/> New registration <input type="checkbox"/> Renewal of registration <input type="checkbox"/> Change of registration information				
Applicant Details	Full name				
	Lot on plan				
	Residential address				
	Postal address		Suburb	State	Postcode
			<input type="checkbox"/> As above		
	Telephone				
	Email				
Pension Card Details (Copy of pension card required)					
Details of Animal	Name				
	Registration Type		<input type="checkbox"/> Dog <input type="checkbox"/> Cat (no charge) <input type="checkbox"/> Rural Dog (no charge) <input type="checkbox"/> Guide Assistance Dog (no charge)		
	Breed				
	Year of Birth/Age		Month	Year	/Age
	Sex		<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Desexed If the cat/dog is desexed, a veterinary surgeon's certificate must be attached to the application.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Colour				
	Any other distinguishing features or marks				
			Permanent Identification Number (PID) / Microchip <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; padding: 2px; width: 100px; margin-top: 5px;"> Permanent Identification Number (PID) / Microchip </div>		Registration Number: <input type="checkbox"/> Yes <input type="checkbox"/> No registration no
Address (at which the cat/dog is kept)	Address <input type="checkbox"/> As above <input type="checkbox"/> Different (please state)				
Regulated Dogs only	<input type="checkbox"/> Restricted Dog <input type="checkbox"/> Dangerous Dog <input type="checkbox"/> Menacing Dog Permit number: _____ (Restricted Dogs only)				
Declaration	I apply for the registration of the dog/cat described above and declare that the particulars are correct in every detail and that I have read the Council's terms and conditions. Applicant's signature Date				
Office Use	Cashier Initials	Fee Paid	Date	Receipt Number	GL Code
					6830-1441-0002 New 6830-1442-0000 Renewal

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