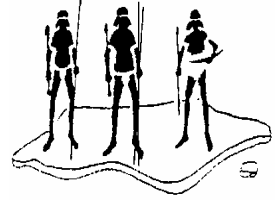


# Mornington Shire Council

Mission Road, Gununa  
C/- Post Office,  
Gununa QLD 4871

Telephone 07 4745 7200 Facsimile 07 4745 7275  
Email [mornsc@tpg.com.au](mailto:mornsc@tpg.com.au)



Local Government Act  
1993

## Dog Registration

### Application for Dog Registration

If you have any specific enquiries regarding how to complete this form or applicable fees please contact your Council.

Please complete this application in BLOCK LETTERS and tick boxes where applicable.

If a question does not apply, please indicate by writing "n/a".

### Application is for

Dog Registration Fee \_\_\_\_\_

### Applicant details

Title Mr  Mrs  Ms  Miss  Other (specify)

Family name \_\_\_\_\_

Given names \_\_\_\_\_

Company name \_\_\_\_\_ ACN / ARBN

If applicant is a company,  
insert company name and  
ACN / ARBN.

**Please note: Persons claiming a pensioner or Level 3 obedience discount will be required to show proof of entitlement.**

1. I / We hereby apply for registration of the dog(s) described below and declare that the details are correct to the best of my / our knowledge. Where the pensioners concession has been applied for, I / we authorise the department of Social Security / Veterans Affairs to divulge to the Council, so much of the information contained in my records as is necessary to determine my / our eligibility for such concession and for no other purpose.

2. Please cancel the registration for \_\_\_\_\_ old tag no.

As this dog is  no longer in my possession  Deceased

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Date  /  /  Date  /  /

### Contact details

Keeper's name \_\_\_\_\_

Postal address (private / business) \_\_\_\_\_

Locality / Suburb \_\_\_\_\_ State  Postcode

Contact ph.        Contact fax

Mobile        Email \_\_\_\_\_

Circle as applicable.

### Dog details

Dog kept at \_\_\_\_\_

OFFICE USE ONLY		Breed / Kind	Colour markings	Sex M / F	Year of birth
Code	Tag no.				
					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Date impounded (if applicable)  /  /

## Lodgement

On completion of this application, please forward it, the required supporting documentation, and your application fee to Council at the address on the front of this form.

**Please note: This application and fee MUST be lodged with your Council.**

## Office use only

Application fee		Reg. no.	
Receipt code		ID no.	
Authorised officer		Inspection date	
Recommendation			
			Rec. no.
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account property no.	

To be used for all registrations other than code 1A or 1B

- |   |   |
|---|---|
| <input type="checkbox"/> De-sexing certificate provided / sighted                           | <input type="checkbox"/> Pension entitlement provided / sighted |
| <input type="checkbox"/> Level 3 obedience certificate sighted                              | <input type="checkbox"/> Computer records checked               |
| <input type="checkbox"/> Statutory declaration including name of vet / dog obedience school |   |