



## Change of dog registration details

### Registered owner

Full name	Date of birth
Address	
Suburb	Postcode
Telephone Home	Work
	Mobile

### Details of change

Dog name		Animal ID	
Tag number		Expiry year	

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Tag number		Expiry year	

Please tick option	Detail of change	Refund requested
<input type="checkbox"/>	Dog sterilised (please attach proof of sterilisation or statutory declaration)  Please note, cheques are issued for refunds.  Date sterilisation sighted _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Dog deceased	
<input type="checkbox"/>	Registered owner has become a pensioner (please attach a copy of pensioner concession card)	
<input type="checkbox"/>	Dog microchipped	
<input type="checkbox"/>	Replacement tag	
<input type="checkbox"/>	Dog has left area	

Please tick option	Detail of change	Refund requested
<input type="checkbox"/>	Dog sterilised (please attach proof of sterilisation or statutory declaration)  Please note, cheques are issued for refunds.  Date sterilisation sighted _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Dog deceased	
<input type="checkbox"/>	Registered owner has become a pensioner (please attach a copy of pensioner concession card)	
<input type="checkbox"/>	Dog microchipped	
<input type="checkbox"/>	Replacement tag	
<input type="checkbox"/>	Dog has left area	

Declaration that

- I am the owner of the above dog(s);
- I am 18 years of age or over;
- the particulars shown in this application are true to the best of my knowledge and belief;
- I certify, for the purpose of Section 16(1a) of the Dog Act 1976, that means exist on the premises at which the dog will ordinarily be kept for effectively confining the dog within those premises.

**Signed** \_\_\_\_\_  
Registered owner

**Date** \_\_\_\_\_

#### Office use only

Date processed		CSO signature	
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#### Refund information

Amount paid	Date paid	Receipt number	Total refund	Date processed	Authorising officer signature
\$			\$		