

DOG REGISTRATION APPLICATION

Owner Details

Full Name: _____

Residential Address: _____

Postal Address: _____
(if different from residential address)

Date of Birth: ____/____/____ Email address: _____
(Must be aged 18 years or over)

Phone: (H): _____ (W): _____ Mobile: _____

Alternate Contact Details (Optional)

Full Name (in full): _____

Residential Address: _____

Date of Birth: ____/____/____ Email address: _____
(Must be aged 18 years or over)

Phone: (H): _____ (W): _____ Mobile: _____

Dog Details

Dog's Name: _____ Age: Years _____ Months _____

Sex of Dog: Male: Female: Colour: _____

Distinguishing Marks: _____ Breed: _____

Sterilised? Yes: No:

Microchipped? Yes: Microchip Number: _____
 No: Reason for Exemption: _____

Microchip Data Base Company: _____

Proof of sterilisation and microchipping or exemption certificate is required

Commercial Security Dog? Yes: No: Declared Dangerous? Yes: No:

Restricted Breed? Yes: No: *(as defined in the Dog Regulation 2013)*

Period of Registration: 1 Year 3 Years Lifetime

Concessions:

Pensioner/Concession: Card Number: _____

Working Dog *(working dog concession is available only to registered primary producers or persons using dogs for the droving or tending of stock)*

Assistance Dog *(as defined in the Dog Act 1976)*

Previous Convictions or Relevant Orders

Do you have any convictions for offences against the *Dog Act 1976*, *Cat Act 2011* or *Animal Welfare Act 2002* in past 3 years?

Yes: No:

If yes, please give details, specifying the date of the conviction(s), nature of the offence and the legislation involved

Are you currently banned, or have you ever been banned, from owning or keeping a dog under an order under the Dog Act 1976 section 46A(2) either permanently or for a period specified in the order?

Yes: No:

If yes, please give details of the order

Declaration:

IMPORTANT: Please read and sign this declaration, registration will not be processed without your signature.

1. I declare that means for effectively confining the dog exist on the premises where the dog will ordinarily be kept.
2. The owner is not under 18 years of age; and
3. The information I have provided is true and correct and I am aware that it is an offence to provide false and misleading information.

Owners Signature

Date

Office Use Only

Proof of Sterilisation sighted:

Veterinary Surgeon's certificate Signed Statutory Declaration Officer sighting of ear tattoo

Assessment Number: _____ Registration Number: _____

Proof of Primary Producer Status Name of Primary Producer: _____