

APPLICATION FOR DOG REGISTRATION

All dogs aged 6 months and over are legally required to be registered and microchipped. It is an offence for a dog owner to fail to notify Council that their dog has moved, changed ownership or deceased.

Applicant Details – <i>Owner must be over the age of 18</i>		
Owner Name	First Name/s:	Surname:
Owner Address		
Owner DOB	____/____/____ * Mandatory requirement	
Contact Numbers	Home: ()	Mobile:
Email Address		
Secondary Contact	Name:	Contact:
Animal Details		
Dog Name		
Kept at address	*(If the same as Owner Address write 'as above')	
Microchip Number	* Mandatory requirement in Tasmania	
Breed of dog		Colour
Markings		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age ____ Years ____ Months

Declarations	Y	N
This dog is desexed (<i>attach a certificate from veterinary surgeon</i>)	<input type="checkbox"/>	<input type="checkbox"/>
I hold a pensioner, health benefits or concession card	<input type="checkbox"/>	<input type="checkbox"/>
The dog is a working dog, purebred, registered greyhound or hunting dog	<input type="checkbox"/>	<input type="checkbox"/>
The dog is a guard dog	<input type="checkbox"/>	<input type="checkbox"/>
The dog is declared dangerous	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT AND PHOTO ID MUST ACCOMPANY THIS FORM

- I request a call from Customer Service to complete payment over the phone
- I have provided photo identification

I state to the best of my knowledge and belief that the above particulars are true in every respect.	
Signature:	Date:

Office Use Only	
<input type="checkbox"/> Attached Sterilization Certificate	<input type="checkbox"/> Attached Owner ID
<input type="checkbox"/> Attached Concession Card	<input type="checkbox"/> Staff Initials _____
<input type="checkbox"/> Payment \$ _____	<input type="checkbox"/> Receipt Number _____
<input type="checkbox"/> Animal ID Number _____	<input type="checkbox"/> Tag Number _____