

Dog Registration Application

IMPORTANT NOTICE

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Animal Management (Cats and Dogs) Act 2008*. The personal information collected on this form will be used to maintain a register of animals. Your personal information will be accessed by persons who have been authorised to do so. Some of this information may be given to Department of Agriculture & Fisheries for the purpose of maintaining a state regulated dog register. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*. *Animal Management (Cats and Dogs) Act 2008* requires that all dogs over the age of 12 weeks must be registered with Council. The dog must be registered by the OWNER of the animal.

Animal Owner Details

Surname:		First Name:	
Surname:		First Name:	
Postal Address:			
Suburb:		Postcode:	
Primary Contact Number:		Alternate Contact Number:	
Email Address:			
Do you hold a current pensioner concession card? Note: This card will need to be produced to Council to be eligible for discount		<input type="checkbox"/> Yes Number: _____ <input type="checkbox"/> No	

Application type: New registration - 1 Year New registration - 3 Year

Note: Refunds are not available if you no longer require dog registration.

How would you like to receive your reminder: Email Mail

Would you like your postal address updated for all accounts? YES NO

Animal Details

Has this animal previously been registered with Western Downs Regional Council: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address (where animal is kept):	Dog's Name:		
	Breed:		
Suburb:	Age:	Years _____	Months _____
Postcode:	Colour:	/	
Microchip Number:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Desexed:	<input type="checkbox"/> Yes (copy of certificate to be attached) <input type="checkbox"/> No		
If dog has been declared a regulated dog by any local authority (including Western Downs Regional Council) tick applicable option below <input type="checkbox"/> Dangerous <input type="checkbox"/> Menacing <input type="checkbox"/> Restricted			

Customer Signature & Declaration

Do you give permission for your contact details (including name, address, phone number/s) to be released in the event of your cat/dog being impounded by others? (For privacy reasons, your details will not be released unless permission is given by you).	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am aware of my responsibilities as a pet owner under the Local Laws and <i>Animal Management (Cats and Dogs) Act 2008</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hereby apply for the registration of the dog described above and declare that the details are correct to the best of my knowledge.	
Signature of owner: _____	Date: ____ / ____ / ____

Office Use Only

Assessment number:		Levy:	Whole / Desexed	Pensioner Y / N
Dog number:		Fee Code:	Puppy: <input type="checkbox"/> 1yr: <input type="checkbox"/> 3yr: <input type="checkbox"/>	
Tag number:		Tag Expiry: / /	Date paid: / /	
NAR/s:		Amount \$		
Memo Added for Postal: <input type="checkbox"/>	By-Law Code for Email: <input type="checkbox"/>	Receipt Number:		
CRM Entered Elect Corresp: <input type="checkbox"/>	CRM Entered COA: <input type="checkbox"/>	Initials:		

