Application to Register Domestic Animal(s)
For year ending 9 April 2020
DOMESTIC ANIMALS ACT 1994

All dogs and cats three months of age or older must be registered. The owners of a dog or cat who fail to register their animal may be liable to an on-the-spot fine for each unregistered animal. A child under the age of 18 must register their dog or cat in their parent or guardians name.

Owner's Details
Surname: 
Given Names: 
Address: 
Postcode: 
Telephone No: (Home) (Work) 
Mobile: 
D.O.B:
Address where animal is kept if different from above:
Do you already have an animal registered with this Council? Yes No

Animal(s) Details ALL NEWLY REGISTERED ANIMALS MUST BE MICROCHIPPED

<table>
<thead>
<tr>
<th>Animal Type (tick one box)</th>
<th>Animal 1</th>
<th>Animal 2</th>
<th>Animal 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dog</td>
<td>Cat</td>
<td>Dog</td>
<td>Cat</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex (tick one box)</th>
<th>Animal 1</th>
<th>Animal 2</th>
<th>Animal 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Desexed (tick one box)</th>
<th>Animal 1</th>
<th>Animal 2</th>
<th>Animal 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Breed:
Colour/Marks:
Animal's Name:
Microchip Number (Mandatory):
Certificate of Sterilisation (Attach copy):
Date of Birth of Animal:
Restricted Breed:

Office Use Only
Animal Account ID:
Registration Fee as per category (see reverse):
Lifetime Tag Number:
Receipt Number:
Certificate of Sterilisation (or approved association membership):
Pension Card No.:
Veteran Affairs File No.:

For fees and payment options please see reverse.

I declare that the dog(s) identified in this application have been correctly indicated as to whether they are, or are not, of a restricted breed. [Restricted breeds are as follows - a Pitbull Terrier or American Pitbull Terrier, Fila Brasileiro, Dogo Argentino, Japanese Tosa or Perro de Presa Canario.]

I declare that to the best of my knowledge and belief all the above information is true and correct.

Date: .......................... Signed: ................................. Name: .................................
CREDIT CARD PAYMENTS

Your signature below is an authority for Council to issue a sales voucher for the amount shown below as your payment for this account.

Card Expiry Date

Credit Card Number

Amount: ____________________________

Cardholder’s Name: ____________________________

Cardholder’s Signature: ____________________________

Date: ____________________________

MasterCard ☐ Visa ☐

Please complete the above credit card details and return.

Note: Council is collecting this information for the purpose of processing your payment. It is not disclosed to anyone.