

Change of Ownership Animal Registration



CURRENT OWNER DETAILS

Owner Full Name _____ Date of Birth _____
Residential Address _____
Postal Address _____
Contact Number _____ Alternative Number _____
Email Address _____

ANIMALS DETAILS

Animal Name _____ Dog Tag Number _____ Expiry Year _____
Breed _____ Colour _____ Age _____ Years _____ Months _____
Microchip Number* _____ Sex _____ Sterilised _____ Y / N _____

It is owners' responsibility to update microchip information with the microchip provider. Failure to do so may result in a fine.

Owner or Agent's Declaration

I being the Animal Owner or Agent declare that:

- I am releasing ownership of the animal detailed below to the new owner prescribed.
- The particulars shown in this application are true to the best of my knowledge and belief
- I am over 18 years of age
-

Signed previous owner _____ Date _____

NOTIFICATION OF NEW OWNERS

Full Name _____ DOB _____
Residential Address _____
Postal Address _____
Contact Number _____ Alternative Number _____
Email Address _____

Address where animal will be kept _____

Number of dogs to be kept at property _____

Will the animal be effectively confined in or at the property identified above? YES / NO

PREVIOUS CONVICTIONS, RELEVANT ORDERS NEW OWNER

The local government may refuse an application if any or all information is not provided.

Do you have any convictions for offences against the Dog Act 1976, Cat Act 2011 or Animal Welfare Act 2002 in past 3 years? If yes give details below.

Y / N

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? If yes give details below.

Y / N

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New Owner Declaration

I, _____ (person's full name or organization / company)

Of _____ (address)

declare that the information I have provided is true and correct. I am aware that is an offence to provide false and misleading information.

New owner signature _____ Date _____

OFFICE USE

Registration details updated in synergy Yes / No

Registration Officer Name _____

Date _____