

**Animal Management
(Cats and Dogs) Act
2008 Section 46, 47,
54 and 55.**

Deceased Dog

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

PLEASE PRINT IN BLOCK LETTERS

Please tick relevant box.

This form is to be completed if your dog is now deceased and/or you wish to either request a rebate of registration fees or transfer the registration of your deceased dog to your current unregistered dog.

- Deceased dog
 Rebate of Registration Fees
 Transfer of registration to another dog (Please attach Application for Dog Registration including the new dog details to this form)

Please complete all field of this form.

Owner Details

Name		
Residential address		
Locality / town	State	Postcode
Postal address		
Locality / town	State	Postcode
Contact Phone		

It is necessary to supply us with a contact number.

If known, current tag no.

Dog Details

Name of Dog	Tag no.
Breed	
Address	
Locality / town	State Postcode

Where dog was residing.

Rebate of Registration Fees

A refund of 50% of registration fees for deceased dogs before 31st December can be applied for. If you require a rebate, advise customer service officers and fill out the following information:

- Customer Service Officer to attach copy of receipt for original registration
 Creditor information form completed

Transfer of Registration

If your deceased dog had current registration, you are entitled to transfer registration from your deceased dog, to another dog that has not yet been registered. Please attach the following form required to transfer registration over:

- Application for Dog Registration form completed

Certification

I declare the information provided in this application to be true and correct.

Signature

Date

/ /

Please note: This application MUST be lodged with your Council

Office use only

Application for Dog Registration attached: <input type="checkbox"/> YES <input type="checkbox"/> NO	Application Checked: <input type="checkbox"/> YES <input type="checkbox"/> NO
Creditor Information Form Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Received:
Copy of Receipt Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO	Taken By:
FID8207	Other:

PRIVACY COLLECTION NOTICE: THE PERSONAL INFORMATION GATHERED BY COUNCIL ON THIS FORM IS FOR THE PURPOSE OF MAINTAINING COUNCIL'S ANIMAL REGISTER AND WILL NOT BE USED FOR ANOTHER PURPOSE OR GIVEN TO ANY OTHER PARTY UNLESS YOU HAVE CONSENTED OR COUNCIL IS REQUIRED OR AUTHORISED BY LAW TO DO SO.