



# Dog Registration APPLICATION

Office use only	
Customer ID:	Owner ID:
Dog ID:	
Reg. Fee (inc GST)	\$
Tag No.:	
Microchip Letter Req.	Yes: <input type="radio"/> No: <input type="radio"/>
Staff Initial:	Date: / /

1. Owner Information			
Surname:		First Names:	
Address:			
		Postcode:	
Daytime Contact:		Email:	
Owner's Date of Birth:	Your date of birth is <b>required</b> to enable you to be distinguished from other persons with the same name. Certainty of identification is <b>required</b> in the enforcement of the provisions of the Dog Control Act 1996.		

2. Dog Information			
Address dog normally kept at:			
Dog's name:			
Sex: (please tick)	M: <input type="radio"/> F: <input type="radio"/>	Age:	
Tattoo:		Is the dog desexed? Yes: <input type="radio"/> No: <input type="radio"/>	
Is the dog classified as dangerous?: Yes: <input type="radio"/> No: <input type="radio"/>		Is the dog classified as menacing?: Yes: <input type="radio"/> No: <input type="radio"/>	
Microchip number ISO:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Breed: Please don't write "cross-breed". Enter the predominant breed (or your best guess) first.											
Pure Breed:											
First Breed:		Second Breed:									
Colour:											
First Colour (please circle)	Black	Blue	Brindle	Brown	Gold	Grey	Orange	Red	Tan	Tri	White
Second Colour (please circle)	Black	Blue	Brindle	Brown	Gold	Grey	Orange	Red	Tan	Tri	White

3. Declaration - The above information will not be readily available to the general public.	
Failure to supply any of the information requested in this form which is relevant to your application may prevent the registration of your dog. I confirm that the information above is correct.	
Signature: (of owner)	Date:

4. Transfer Details - for dogs registered with another Council		
Name of Council:		
Year Registered:	Tag Number:	