

A) OWNER DETAILS (must be over 18 years of age)

Title: (Mr Mrs Ms) First name: Middle name: Last name: D.O.B.: (dd/mm/yyyy)

Residential address: Suburb: Postcode:

Postal address: Suburb: Postcode:

Contact: (Work) (Mobile or Home) Pension Concession Number (proof required)

Email address (if available):

Can your local Government use this email address to issue renewal notices and other relevant information? Yes No

Owner's delegate details (optional) (must be over 18 years of age)

Title: (Mr Mrs Ms) First name: Middle name: Last name: D.O.B.: (dd/mm/yyyy)

Residential address: Suburb: Postcode:

Contact: (Home) (Work) (Mobile)

B) DOG DETAILS

Address where dog is normally kept: (if different from above) Suburb: Postcode:

Number of dog/s to be located at these premises: Dog's age or D.O.B.: (dd/mm/yyyy) Gender: Is the dog sterilised? (proof required)

Male Female Yes No

Dog's name: Breed: Colour:

Microchip number: (proof required) Will the dog/s be effectively confined in or at the premises identified above?

Yes No

Any distinguishing features or marks? Is the dog kept for the purpose of the crown? (If yes, note that the Dog Act 1976 does not apply: section 6(4)) Yes No

Has the dog been declared a dangerous dog? Yes No If yes, please provide details:

Is the dog a pit bull terrier, an American pit bull terrier or a mix of one or both of these breeds? Yes No Is the dog kept, or to be kept as a commercial security dog? Yes No

C) REGISTRATION Declared Dangerous Dog / Restricted Breed – 1 year only - \$50 for all dogs

| Registration period (tick required box) | 1 Year (Sterilised) | 1 Year (Unsterilised) | 3 Year (Sterilised) | 3 Year (Unsterilised) | Lifetime (Sterilised) | Lifetime (Unsterilised) |
|---|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| | <input type="checkbox"/> \$20.00 | <input type="checkbox"/> \$50.00 | <input type="checkbox"/> \$42.50 | <input type="checkbox"/> \$120.00 | <input type="checkbox"/> \$100.00 | <input type="checkbox"/> \$250.00 |
| Pensioner concession fees | <input type="checkbox"/> \$10.00 | <input type="checkbox"/> \$25.00 | <input type="checkbox"/> \$21.25 | <input type="checkbox"/> \$60.00 | <input type="checkbox"/> \$50.00 | <input type="checkbox"/> \$125.00 |

Previous Local Government where dog was registered: Registration number:

Assistance dog: Dog for tending or droving stock:

Yes No Yes No

OFFICE USE ONLY

Animal Number:

Tag Number:

Registration expiry:

D) NOTIFICATION OF NEW OWNER

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| Title: (Mr Mrs Ms) | First name: | Middle name: | Last name: | D.O.B.: (dd/mm/yyyy) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Residential address: | | | Suburb: | Postcode: |
| <input type="text"/> | | | <input type="text"/> | <input type="text"/> |
| Contact: (Work) | (Mobile) | (Home) | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

E) PREVIOUS CONVICTIONS, RELEVANT ORDERS

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

Yes No

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?

Yes No

If yes, please give details specifying the date of the conviction(s), nature of the offence and the legislation involved:

If yes, please give details of the order:

F) DECLARATION

Full name of person / organisation / company name:

Address:

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | Suburb: | Postcode: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

Signature:

Date: (dd/mm/yyyy)

Registration officer signature:

Date: (dd/mm/yyyy)

PAYMENT METHODS



By mail: Cheques or money order to be made payable to CITY OF ROCKINGHAM and crossed 'Not Negotiable'. Post to PO BOX 2142, Rockingham DC WA 6967.



In person: City Administration, Cash, Cheque, Credit Card or EFTPOS available.

COPY ALL DETAILS FROM YOUR CARD IN SPACES BELOW

Card type: Card expiry: /

Card number:

Card holders name:

Date: (dd/mm/yyyy) Amount:

Phone number: Signature:

Your signature is herein is authority for us to issue a sales voucher for the full amount shown in the space provided.

