



PO Box 21
HALLS CREEK WA 6770
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Dog Registration Form

Dog Act 1976

In order for the Shire to provide you with the best possible service please complete this form in FULL and return to the Shire to complete your new registration.

1. OWNER DETAILS

Full Name			
Postal Address			
Residential Address			
Owner or Tenant	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	
Home Phone	Work	Mobile	
Email			
Pension discount	YES / NO	(sighted and Copy Taken)	

2. EMERGENCY CONTACT DETAILS

Full Name			
Home Phone	Work	Mobile	

3. DOG DETAILS

Dog's Name			Breed				
Age	Yrs	Mths	Sex	M <input type="checkbox"/>	F <input type="checkbox"/>	Sterilised	YES / NO
Colour & Markings							
Address where dog housed							
Microchip Number							(sighted and Copy Taken)
Sterilisation Certificate							(sighted and Copy Taken)
Registration Period	1 YEAR <input type="checkbox"/>	3 YEAR <input type="checkbox"/>	LIFE <input type="checkbox"/>				

Owner or Agent's Declaration

I (print name) being the owner or authorised agent of owner of the dog, whose details appear above, declare that I am/the owner is not under 18 years of age and the details in this application are true to the best of my knowledge and belief. I certify, for the purpose of *Section 16 (1a)* of the Act, that means exist on the premises at which the dog will ordinarily be kept for effectively confining the dog within those premises.

.....
Signature Date / /

SHIRE STAFF USE ONLY.

This registration is valid until the 31st of October 20__ unless cancelled pursuant to section 16 of the Act.

Signature of Registration Officer _____ Date of issue ___/___/___

Amount Paid \$ _____ Payment method (tick one) CASH ___ CHQ ___ EFT ___

Owner Code _____ Property No. _____

Receipt No: _____ Date Received ___/___/___

REPLACEMENT OF TAG

(must be signed by Owner on receipt of replacement tag and authorised by Ranger).

Tag # to be replaced _____ Replacement Tag # _____ Date Reissued ___/___/___

Signature of Owner _____

Issuing Officer _____ Rangers' Auth. _____

Reason for replacement

Tag # to be replaced _____ Replacement Tag # _____ Date Reissued ___/___/___

Signature of Owner _____

Issuing Officer _____ Rangers' Auth. _____

Reason for replacement
