

Dog Registration

Queensland Government Animal Management (Cats and Dogs) Act 2008 Sections 46, 47, 54 and 55

Application Type

New registration Registration renewal Change of registration information

Applicant Details

Owner Name (only one owner is permitted)	Given name:		
	Surname:		
Residential Address		
Postal Address		
Phone	Home:	Mobile:	Work:
Occupancy Status	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	Pensioner <input type="checkbox"/> Yes <input type="checkbox"/> No

Details of Dog

Registration Type/Breed	Predominant breed:	Secondary breed (if applicable):	
Name:	Age:	Tag Number:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Desexed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Colour:	Distinguishing features/marks:		
Does your dog have a Permanent Identification Number (PID)/Microchip? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Permanent Identification Number (PID)/Microchip			
Address where dog is kept			
<input type="checkbox"/> As above			
<input type="checkbox"/> Different (please state)			

Declaration

I apply for the registration of the dog/s described above and declare that the particulars are correct. I acknowledge that it is an offence under section 204 of the Animal Management (Cats and Dogs) Act 2008 to provide false or misleading information. I declare I am 18 years or older.

Applicants signature: **Date:** __ / __ / __

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Address where dog is kept																					
<input type="checkbox"/> As above <input type="checkbox"/> Different (please state)																					

Important Information:

The personal information collected on this form is required for the purpose of registering your dog/s. The collection of this information is authorised by the Animal Management (Cats and Dogs) Act 2008. It is the practice of Council to not disclose this information to other parties, except as required/authorised by law.

Office Use Only			
Fees:	Receipt No:	Date Received:	Officer:
<input type="checkbox"/> Pensioner card must be copied if pensioner <input type="checkbox"/> Veterinary surgeon's certificate attached if dog/s de-sexed <input type="checkbox"/> Veterinary surgeon's certificate attached if dog/s micro-chipped <input type="checkbox"/> If a pensioner check that subsidy is applied to rates		Office: <input type="checkbox"/> Esk <input type="checkbox"/> Lowood <input type="checkbox"/> Kilcoy <input type="checkbox"/> Customer service request processed	
Assessment No:	Lot No:	SP/RP No:	Payment Ref No:
Processed: Y / N Input initials	Rates C/A Input Initials	Esk office use only – animal maintenance	
Completed: Y / N Input initials	Checked: Y / N Date:		