

Section 78 of the Dog Control Act 2000.

Dog Name:		Current Tag No.	
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NOTIFICATION OF DECEASED DOG

Surname:	
Given Names:	
Date:	
Signature (Owner):	

CHANGE OF ADDRESS or TRANSFER OF REGISTRATION

Existing/Former Dog Owner To Complete:

Surname:			
Given Names:			
Phone Contact:	Home:	Mobile:	Alternate Contact:
Former Address:			
Postal Address:			
[] New Address:			

[] Transfer Of Registration (*tick to confirm*)

I hereby advise that I transfer ownership of my dog named above to the NEW owner as listed below.

I declare the above information to be true in every respect to the best of my knowledge and belief in accordance with Section 78 of the Dog Control Act 2000.

Signature (existing/former owner)		WITNESS:	
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New Dog Owner To Complete:

Surname:			
Given Names:			
Date of Birth:			
Phone Contact:	Home:	Mobile:	Alternate Contact:
Postal Address:			
Location where dog is to be kept:			

I declare the above information to be true in every respect to the best of my knowledge and belief in accordance with Section 78 of the Dog Control Act 2000.

Signature (new owner)		WITNESS:	
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OFFICE USE ONLY

Animal ID		PID No		Tag No		File to	21/16/*
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Privacy Statement

1. Council is committed to upholding your right to privacy. 2. Personal information collected by Burnie City Council is used in the provision of services. 3. Information collected will be retained confidentially and disposed of in accordance with requirements of the Personal Information Protection Act 2004. 4. You have the right to access your own personal information on request.