

*Section 78 of the Dog Control Act 2000.*

Dog Name		Current Tag No.	
Date of change		Animal No.	

Notification of Deceased Dog	
Surname	
Given Names	
Signature (Owner)	

Change of Address/Transfer of Registration - Existing/Former Dog Owner to Complete					
<input type="radio"/> Change of Address		<input type="radio"/> Transfer of Registration			
Surname					
Given Names					
Phone Contacts	Home		Mobile		Alternate
Former Address					
Postal Address					
[ ] New Address					
Transfer of Registration ( <i>tick to confirm</i> )					
[ ] 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 Signature	

Transfer - New Dog Owner to Complete					
Surname:					
Given Names:					
Date of Birth:					
Phone Contacts	Home		Mobile		Alternate
Postal Address:					
Location where the 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 Signature:	

OFFICE USE ONLY					
PID No		File to	21/16/*	Title	Tag xxxx - Animal xxxx - Dog Registration - Situation - Address - First Name and Surname

**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.