



Change of Detail Form

Dog Control Act 1996

CHANGES REQUIRED *Tick appropriate Box/es*

Change of address	Yes	No	<i>Include bank account details if claiming refund. Please attached proof of bank details. NB: current registration tag must accompany this form.</i>			
Change of owner	Yes	No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dog deceased (claim for refund)	Yes	No	Bank	Branch	Account	Suffix

CURRENT OWNER DETAILS

Full Name

Street Address Phone

Postal Address Email

NEW OWNER/CHANGE OF ADDRESS DETAILS

Full Name Date of Birth

Street Address

Postal Address Phone

Email Property Owner

ANIMAL DETAILS

NAME	TAG NO.	COLOUR	BREED	SEX	AGE

I hereby declare that my dog/s as listed above have been destroyed/died and I therefore wish to claim for a refund of fees under the Dog Control Act 1996.

Signature Date

OFFICE USE ONLY		
Owner Number	Date computer updated	Fee refundable: Code: 5025.1701.235
Assess Number	Dog Control Officer Signature	\$