



PO Box 21
 HALLS CREEK WA 6770
 Tel: (08) 9168 6007
 Email: hcshire@hcshire.wa.gov.au

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		Tenant			
Contact	Mobile		Work			
Email						
Pension Discount	Yes		No		DOB	

Please take copies of Pension Card for discount for applicable customers

2. EMERGENCY CONTACT DETAILS

Full Name						
Contact	Mobile		Work			

3. DOG DETAILS

Dog Name							Breed					
Dog Age	Yrs		Mth		Sex	M	F	Sterilised	Yes		No	
Colour & Markings												
Dog Residential Address												
Microchip Number												
Sterilisation Certificate												
Registration Period	1 Year		3 Years		Life							

Owner or Agent's Declaration

I, being the owner or authorised agent of owner of the dog whose details stated above, declare that I am 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. I understand that I may fined or charged a fee for any breach of the Dog regulations as in set in either state or by local law enforcement acts for cats or animal control.

.....
 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:
