



Registration FROM 1st NOVEMBER

Please attach a copy of the Certificate of Microchipping & Sterilisation

Please tick relevant box

New Registration:

☐

Transfer:

☐

Previous Local Gov:

Owners Details (One owner only) – Full name in BLOCK LETTERS

Owner must be 18 years or older

*Surname:			*First Name:	
*Date of Birth: <i>Must be 18 years or older</i>				
*Residential Address:				
Postal: <i>(If same as owner print "as above")</i>				
*Address where animal normally kept: <i>(If different from residential address)</i>				
*Contact No:	(H)	(M)	(W)	
*Email:				
*Please note Registration Renewals will be sent via email				
Eligible Pensioner: <i>(Copy of document to be provided)</i> 50% discount Please circle Y N				

Delegate Contact Details (Owner gives permission for delegate to act on owners behalf if owner is not contactable) - *Optional*

Must be 18 years or older

Surname:			First Name:	
Date of Birth: <i>(Delegate)</i>				
Residential Address: <i>(PO Box not accepted)</i>			Post Code:	
Contact No:	(H)	(M)	(W)	
Email:				

Emergency Contact Details (Not Owner) - *Required**

Must be 18 years or older

*Surname:			*First Name:	
*Contact No:	(H)	(M)	(W)	

Animal Details

*Desexed/Sterilised: <i>(Proof Document Required)</i>	Yes		No
*Gender:	Male		Female
No of dogs on property:			
*Name of Dog:		*DOB/Age:	DD / MM / YYYY
Breed: <i>(If known)</i>		*Colour/Features or Marks:	
*Microchip Number: <i>(Proof Document Required)</i>		Microchip Database Company Name:	
New Tag No: <i>(Issued by the Town)</i>		Year of Expiry:	
Registration period: <i>(See fees on page 2)</i>	1 Year	3 Years	Lifetime

Previous Convictions, Relevant Orders*

Do you have any convictions for offences against the *Cat Act 2011*, *Dog Act 1976* or *Animal Welfare Act 2002* in the past three years?

Please circle

Y

N

If Yes, please give details, specifying the date of the conviction(s), nature of the offence and the legislation involved:

Are you currently banned, or have you ever been banned, from owning or keeping a dog under an Order under the *Dog Act 1976 Section 46A(2)* either permanently or for a period specified in the Order:

Please circle

Y

N

If Yes, please give details of the Order:

Dog Owners please answer (Tick Applicable)

Will the dog be effectively confined in or at the premises identified above?		Yes		No
Has the dog been declared a Dangerous Dog: If Yes, provide details		Yes		No
Is the dog an 'Assistance Dog'?		Yes		No
Is the dog kept for the purposes of the Crown? <i>If Yes, note that the Dog Act 1976 does not apply: section 6 (4)</i>		Yes		No
Is the dog kept, or to be kept, as a commercial security dog?		Yes		No
Is the dog kept for the purpose of droving or tending stock?		Yes		No
Is the dog a Pit Bull Terrier, an American Pit Bull Terrier or a mix of one or both of these breeds?		Yes		No

Standard Fees	1 Year - 01/11-31/10	3 Years	Lifetime
Sterilised Dog	\$20	\$42.50	\$100
Unsterilised Dog	\$50	\$120	\$250
Pensioner Sterilised Dog	\$10	\$21.25	\$50
Pensioner Unsterilised Dog	\$25	\$60	\$125

Declaration

I am aware that The Local Government may refuse an application if any or all of the required information is not provided within the time period specified in the legislation.

- I declare that the information I have provided is true and correct.
- I am or the authorised agent is not under 18 years of age.
- I am aware that it is an offence to provide false and misleading information.
- I declare that the property this dog will reside at meets the fencing requirements as per section 16 (1A) of the *Dog Act* and I agree to comply with these requirements at all times.

Print Name: _____ Date: _____

Signature: _____

Town of Mosman Park Signature: _____

Please attach a copy of the Certificate of Microchipping & Sterilisation

Methods of Payment

Payment for your animal's registration can be made:

- In person: Memorial Drive, Bay View Terrace, Mosman Park (cash, cheque, money order, credit card or EFTPOS)
- Credit Card payment: Only MasterCard or Visa will be accepted. The City will only be able to process

Cardholder Name:			
Card Number:			
Signature:	Amount: \$	Card Expiry Date: /	CCV: