



# RENEWAL Dog Registration

## Application for Registration

(Dog Act 1976)

Memorial Park, Bay View Terrace, Mosman Park WA 6012

PO Box 3 Mosman Park WA 6912

T: (08) 9383 6600 Mon - Fri 8:30am to 4:30pm

**Registration FROM 1st November**

Please return this form to the Town of Mosman Park



Owners Details (One owner only)		If owners details have changed – please fill out page 2 in addition to this renewal.	
Name:			
Address:			
Contact No:	(H)	(M)	(W)
<b>Dog Details</b>			
Dog's Name:			
Microchip Number:		Previous Tag Number:	
New Tag No: <i>(Issued by the Town)</i>		Year of Expiry:	
Registration period:	1 Year	3 Years	Lifetime
Emergency Contact: <i>Not Owner</i>		Contact Number:	
Eligible Pensioner - <i>Concession of 50% applies</i>	YES	NO	
Proof Document Provided	YES	NO	

Please tick relevant box

Renewal: ☐ Deceased: ☐ Transfer: ☐ Local Gov: ☐

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

<b>Declaration</b>	
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.	
<ul style="list-style-type: none"> <li>I declare that the information I have provided is true and correct.</li> <li>I am or the authorised agent is not under 18 years of age.</li> <li>I am aware that it is an offence to provide false and misleading information.</li> <li>I declare that the property this dog will reside at meets the fencing requirements as per section 16 (1A) of the <i>Dog Act</i> and I agree to comply with these requirements at all times.</li> </ul>	
Owner Name: _____	Date: _____
Signature: _____	
Town of Mosman Park Signature: _____	

**Methods of Payment** - Payment for your animal's registration can be made:

- In person: 1 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. Surcharge of 0.8% on credit card payments

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



If your details have changed please fill out the relevant section below.

Current Registered Owner Details (not new owner) <i>The current owner must also notify their microchip database company of any changes within 7 days</i>			
Name:			
Address:			
Postal: (If same print "as above")			
Contact No:	(H)	(M)	(W)
Animal Details:	Name:	Microchip Number:	Tag Number:
New Owner Details or Updating details of Current Owner/Animal			
Name:			
Address:			
Postal: (If same print "as above")			
Email: *please note renewals will be sent out via email			
Date of Birth:			
Contact No:	(H)	(M)	(W)
DELEGATE CONTACT DETAILS			
Name:			
Email:			
Contact No:	(H)	(M)	(W)
Eligible Pensioner:		YES	NO
Proof Document Provided:		YES	NO
Authorisation of <u>Current Registered Owner</u> :			
I, _____			
<ul style="list-style-type: none"><li>• I declare that the information I have provided is true and correct.</li><li>• I am aware that it is an offence to provide false and misleading information.</li></ul>			
Owner Name: _____ Date: _____			
Signature: _____			
Office Use Only: Proof Documents Provided: YES NO Signature: _____			