



DOG REGISTRATION FORM

This application is valid between July 1st and June 30th

New Application **OR** Renewal of Application

I, (name) _____ of (street address) _____

(Town) _____, am the owner of the dog listed below,

Phone: (H) _____ (M) _____ (W) _____

Postal address: _____

OR:

I, (name) _____ of (street address) _____

(Town) _____, as the duly authorised agent,

Phone: (H) _____ (M) _____ (W) _____

Postal address: _____

I certify that I am the owner of the dog **OR** the duly authorised agent of the dog, particulars of which are listed in this application, and I declare that I am / the owner is not under eighteen (18) years of age and that the particulars shown in this application are true and correct to the best of my knowledge and belief, and I certify for the purposes of Jabiru Town Development (Control of Dogs) By-laws, that means exist on the premises at which the dog will ordinarily be kept for effectively confining the dog within those premises.

Tag No:	Receipt No:	Breed:	Name of Dog:	Age of Dog:
Sterilised:	Evidence of sterilisation:	Male / Female:	Colour:	Amount paid:

Please Note: Registration is from 1 July to 30 June.

Proof of sterilisation is required, unless previously supplied to West Arnhem Regional Council.

Signature of Dog Owner / Authorised Agent: _____

Signature of Registration Officer: _____

Date of Registration: _____

