## **Dog Registration Application Form**

Privacy Notice: Council is collecting the personal information you supply on this form for the purpose of processing your application. Council is authorised to do this under the Animal Management (Cats and Dogs) Act 2008. Council deals with personal information in accordance with law, including the Information Privacy Act 2009.



This form is to be completed when registering your dog/s. All dogs must be registered from 12 weeks of age. Please refer to the Dog Registration Factsheet for further information.

P: 07 4932 9000 | E: enquiries@rrc.qld.gov.au | W: rockhamptonregion.qld.gov.au | PO Box 1860, Rockhampton 4700 | ABN: 59 923 523 766

Owner Details (please nominate only one dog owner who must be over 18 years of age)													
Owner name:													
First			Middle Last										
Are you over the age of 18? $\Box$	Yes 🗆 No	Date of birth:											
Preferred contact number:		Email:											
Residential Address													
Street number and name:													
Suburb:	:	State:	Postcode:										
Postal address (if different):													
Alternate Contact Details (these details will be used by Council if unable to contact the dog owner)													
Name: Contact number:													
Pensioner Status (a copy of your pensioner concession card must be provided at time of lodgement)													
Name on card:			Card number:										
Over 65's Status (a copy of your seniors card, drivers licence or birth certificate must be provided at time of lodgement)													
Name on card: Card number:													
Dog Details													
Dog 1													
Has your dog been registered with Council previously, either in your name or a different name?										)			
Registration type:													
Name:			Reference number:								-	-	
Date of birth:	Breed:				Se	x:			ale		Fen	nale	
Desexed: 🗆 Yes 🗆 No Mic	rochip number (PPID):												
Distinguishing features/marks:							·						
Colour:													
Address where dog is kept (if different to owner):													
Please indicate if one of the following classes is applicable (refer to the Dog Registration Factsheet for information and further requirements):											s):		
□ Guide/Assistance dog □ Farm dog □ Working dog □ Dogs Queensland □ Regulated dog													
If selected regulated dog, please choose from the following:													
□ Declared Dangerous □ Declared Menacing □ Restricted (please complete Restricted Dog section)										)			
OFFICE USE Date: ONLY Animal 1: ®	Receipt number:	CSO: Information checked: Yes							s 🗆 N	No			
	Tog # joguad:		Anima	1			1 10~	# 1001	od:				

Tag # issued:

Animal 1: \$

Tag # issued:

Animal 2: \$

Dog 2														
Has your dog been registered with Council previously, either in your name or a different name?										٩o				
Registration type: 🗌 New 🗌 Transfer from deceased dog 🗌 Transfer from another QLD local government														
Name:	Name: Ref				eference number:						-			
Date of birth:	Breed:				Sex:		🗆 Ma		ale 🗆		Female			
Desexed: 🗆 Yes 🗆 No Mid	crochip number (PPID):													
Distinguishing features/marks:														
Colour:														
Address where dog is kept (if different to owner):														
Please indicate if one of the following classes is applicable (refer to the Dog Registration Factsheet for information and further requirements):														
□ Guide/Assistance dog □ Farm dog □ Working dog □ Dogs Queensland □ Regulated dog														
If selected regulated dog, please choose from the following:														
□ Declared Dangerous □ Declared Menacing □ Restricted (please complete Restricted Dog section)														
Restricted Dog (please complete this section if your dog/s is one of the below breeds to apply for a Restricted Dog Permit)														
Restricted breed:														
□ American Pit Bull Terrier/Pit Bull Terrier □ Fila Brasileiro □ Dogo Argentino														
Perro de Presa Canario/Presa Canario														
Type of shelter:   Detached house  Garage/carport  Other:														
Is the premises fully fenced:	s the premises fully fenced: $\Box$ Yes $\Box$ No Number of entry points:													
Type of fence: Height of fence:														
Supporting Documentation														
Please remember to provide the follow	ring supporting docume	entation	when s	ubmittin	ng this	s forr	n (if a	pplical	ole):					
Signed desexing certificate from a veterinary surgeon (if you are unable to provide, a completed statutory declaration will be accepted) Please note: A chemically sterilised dog is not considered desexed.														
Microchip certificate/sticker														
Handlers identity card (as issued under the Guide, Hearing and Assistance Dogs Act 2009)														
Evidence as a primary producer or the property identification code (PIC) (for farm dogs only)														
<ul> <li>Membership card from Dogs Queensland</li> <li>Proof of registration with another local government (Queensland only)</li> </ul>														
□ Death certificate or registration tag (if you are unable to provide, a completed statutory declaration will be accepted)														
□ Recent colour photo of the dog (only required if applying as a restricted dog)														
□ Pensioner concession card, seniors card, driver's licence or birth certificate														
Declaration														
I submit this Dog Registration Application Form with the relevant supporting documentation as required. I declare that the details are correct to the best of my knowledge.									!					
I am aware that, I, the applicant, must be the responsible person for the dog/s and that the number of dogs kept at the property is in accordance with the allowable number of dogs ( <i>if more than two dogs are kept at this property, an Additional Animal/s Approval Application Form must accompany this form</i> ).														
Name:	Signature:						Date:							

## Fees and Charges

For a full list of fees and charges please refer to Council's Fees and Charges Schedule.

## **Payment Information**

**In person** | You can pay at Council's Customer Service Centres: 232 Bolsover Street, Rockhampton; 32 Hall Street, Mount Morgan; 1 Ranger Street, Gracemere.

**By phone** | Customer Service staff will contact you regarding payment via credit card or debit once this form is received. **By post** | Make your cheques/money order payable to 'Rockhampton Regional Council' and send to PO Box 1860, Rockhampton, Queensland, 4700.