Dog Registration Amendment 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 amending current dog registration details. If the registration is not current, please complete the Dog Registration Application Form. Please refer to the Dog Registration Factsheet for further information.

Existing Owner Details (please provide details as shown on Councils current registration record)

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 name:	:												
		First		Middle					Last				
Date of birth:													
Postal address:													
Preferred contact number:				Email:									
Amendme	ent Deta	ails											
Please identify the amendments to be made:													
☐ Update dog details (please complete Change to Dogs Details)													
☐ Update existing owner details (please complete Change to Existing Owner Details)													
☐ Change of registered owner (please complete Change to Dogs Details (if applicable) and New Owner Details)													
Change to Dogs Details													
Dog 1													
Name:			F	Reference number:							ı		
Amendment of	details:	☐ Desexed											
		☐ Deceased											
		☐ Missing/stolen											
☐ Transfer registration to a new registered owner													
	☐ Relocated outside of the Rockhampton Region												
		\square Address where dog is k	ept:										
		☐ Microchipped (PPID numb	per):										
Please indicate if one of the following classes is applicable (refer to the Dog Registration Factsheet for information and further requirements):								ents):					
☐ Guide/Assistance dog ☐ Farm dog ☐ Working dog ☐ Dogs Queensland													
Dog 2								r	r	r			
Name:			F	Reference number:							-		
Amendment details:		☐ Desexed											
		☐ Deceased											
		☐ Missing/stolen											
		☐ Transfer registration to a new registered owner											
		☐ Relocated outside of the Rockhampton Region											
		☐ Address where dog is kept:											
												ı	
OFFIGE HOS	Date:	CSO: Informa					rmation	mation checked: ☐ Yes ☐ No					
OFFICE USE ONLY	Amount:		Receipt number:				Application number:						
			Neccipi number.				Αργιισαμοτι παιτιρεί.						

☐ Microchipped (PPID number):								
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								
Change to Existing Owner Details								
Surname (evidence required at time of lodgement):								
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)								
☐ I am advising of pensioner status (provide details below) ☐ I am no longer a pensioner								
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:							
New Owner Details (please note, if a new owner, both existing owner and new owner are to sign declaration)								
New owner name:								
First	Middle	Last						
Are you over the age of 18? ☐ Yes ☐ No	Date of birth:							
Preferred contact number:	Email:							
Preferred contact number: Residential Address	Email:							
	Email:							
Residential Address	Email: State:	Postcode:						
Residential Address Street number and name:		Postcode:						
Residential Address Street number and name: Suburb:	State:	Postcode:						
Residential Address Street number and name: Suburb: Postal address (if different): If change of ownership, has the dog been desexed?	State:	Postcode:						
Residential Address Street number and name: Suburb: Postal address (if different): If change of ownership, has the dog been desexed? (if selected yes, a copy of the desexing certificate must be provided at time of	State:	Postcode:						
Residential Address Street number and name: Suburb: Postal address (if different): If change of ownership, has the dog been desexed? (if selected yes, a copy of the desexing certificate must be provided at time of Alternative Contact Details (these details will be used if unable to contact Details)	State: Yes No No No No Ontact the dog owner) Contact number:	Postcode:						
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BSB:	Account number:					
Supporting Documentation						
Please remember to provide the following supporting documen	tation when submitting this form:					
 ☐ Signed desexing certificate from a veterinary surgeon (if unable Please note: A chemically sterilised dog is not considered desexed. ☐ Microchip certificate/stickers 	ble to provide, a completed Statutory Declaration will be accepted)					
☐ Evidence of change of surname						
□ Police report (required if stolen)						
☐ Death certificate or registration tag (if this is unable to be provided, a completed Statutory Declaration will be accepted)						
☐ Pensioner concession card, seniors card, driver's licence or birth certificate						
Existing Owner Declaration						
Γhe applicant must be the responsible person for the dog/s as shown on Council's current registration record.						
am aware that the number of dogs kept at the property is to be in accordance with the allowable number of dogs (if more than wo dogs are kept at this property, an Additional Animal/s Approval Application Form must accompany this form).						
submit this form with the relevant supporting documentation as required. I declare that the details are correct to the best of my knowledge.						
Name: Signature:	Date:					
New Owner Declaration						
I submit this Dog Registration Amendment Form with the reledetails are correct to the best of my knowledge.	evant supporting documentation as required. I declare that the					
	person for the dog/s and that the number of dogs kept at the f more than two dogs are kept at this property, an Additional Animal/s Approval					
Name: Signature:	Date:					
Fees and Charges						
For a full list of fees and charges please refer to Council's Fees	s and Charges Schedule.					
Payment Information						
In person You can pay at Council's Customer Service Centres: 232 Bolsover Street, Rockhampton; 32 Hall Street, Moun 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						