

APPLICATION TO CHANGE THE REGISTERED OWNER OF A DOG

Registration of dog in the Council area where the dog is usually kept

To the Registrar of Dogs of: District Council of Loxton Waikerie

Owner Details A consenting person over 16 years of age												
First Name*:					Surname*:							
Residential Address:												
Mailing Address:												
Contact Number:												
Email Address:												
Description of Dog												
Name of dog*:					Breed*:							
Colour*:					Markings	*.						
Gender*:	М		F	De-sexed	DOB:							
Other Descriptors:												
Subject to Control orde	er:											
Usual Place Dog Kept	(Addre	ss):										
New Owner Details A consenting person over 16 years of age												
First Name*:					Surname*:							
Residential Address:												
Mailing Address:												
Contact Number:												
Email Address:												
Emergency Contact N	ame:					Contact Number						
Signature of Original Owner: Date:												

Please see notice to applicant overleaf.

Application to Change the Registered Owner



NOTE: Penalties apply for false or misleading information up to \$10,000.

Notice to Applicant

- 1. You will be required to provide documentation (such as driver's license, passport, or proof of age card) to prove your identity and age as part of this application
- 2. Every dog over 3 months of age (other than those exempt pursuant to Section 33 of the Act) must be registered
- 3. Registration remains in force until 30 June next and may be renewed for further periods of 12 months
- 4. The Registrar may refuse to register a dog if satisfied that the dog is kept in kennel or used for a purpose in connection with a business that should, in the opinion of the Registrar, be registered under Section 35 of the Act
- 5. The Council is required to maintain a public register containing information regarding dogs it registers. The information sought on this form which has been marked with a * will be included in the public register

Office Use Only											
Registration Disc Number*:											
Applicant ID Type:	E.g. Drivers License			ID Number:							
Officer Name:		Signature:			Date:						