## 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*: |  |  |
| Residential Address: |  | Surname*: |
| Mailing Address: |  |  |
| Contact Number: |  |  |
| Email Address: |  |  |


| Description of Dog |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Name of dog*: |  |  |  |  |
| Colour*: |  |  |  |  |
| Gender*: | $\square \mathrm{M}$ | $\square \mathrm{F}$ | $\square$ De-sexed | DOB: |
| Other Descriptors: |  |  |  |  |
| Subject to Control order: |  | Markings*: |  |  |
| Usual Place Dog Kept (Address): |  |  |  |  |


| New Owner Details A consenting person over 16 years of age |  |  |  |
| :---: | :---: | :---: | :---: |
| First Name*: | Surname*: |  |  |
| Residential Address: |  |  |  |
| Mailing Address: |  |  |  |
| Contact Number: |  |  |  |
| Email Address: |  |  |  |
| Emergency Contact Name: |  | Contact Number |  |

## 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 |  |  |  |  |  |  |
| Officer Name: |  | Signature: |  |  |  |  |  |

