



# SHIRE OF JERRAMUNGUP

## Dog Registration Form

### OWNER DETAILS:

Given names: \_\_\_\_\_ Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work / Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Second Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### DETAILS OF DOG:

Name: \_\_\_\_\_ Microchip No: \_\_\_\_\_ Sterilised: Yes / No

Breed: \_\_\_\_\_ Colour: \_\_\_\_\_ Sex: Male / Female

Premises where the dog will ordinarily be kept: \_\_\_\_\_

Purpose for Dog: Home / Work

\*Pensioners who have approved concession cards are entitled to a 50% discount

\*Proof of sterilisation is required. If your dog is not sterilised an exemption letter from your vet must be provided with this application.

FEES	Non- Working dogs			Working dogs		
	1 Year	3 Years	Lifetime	1 Year	3 Years	Lifetime
Sterilised	\$20.00	\$42.50	\$100.00	\$5.00	\$10.65	\$25.00
Unsterilised*	\$50.00	\$120.00	\$250.00	\$12.50	\$30.00	\$62.50

### DECLARATION

I declare that I am over the age of eighteen (18) years, and that the particulars shown in this application are true to the best of my knowledge and belief.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### OFFICE USE ONLY

Tag #: \_\_\_\_\_ Received by: \_\_\_\_\_ Signature: \_\_\_\_\_

Pension Card Sighted  Sterilisation Proof Attached  EXPIRY DATE: 31 Oct \_\_\_\_\_



## REGISTRATION CERTIFICATE

OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

DOG NAME: \_\_\_\_\_ SEX: Male / Female

BREED: \_\_\_\_\_ COLOUR: \_\_\_\_\_

MICROCHIP No: \_\_\_\_\_ STERILISED: Yes / No

Signature of Registration Officer: \_\_\_\_\_

REGISTRATION NO: \_\_\_\_\_ EXPIRY: 31 OCT \_\_\_\_\_