

Change to dog(s) Ownership

(Under Section 48 of the Dog Control Act 1996)



WHANGANUI
DISTRICT COUNCIL
Te Kaunihera a Rohe o Whanganui

PREVIOUS DOG OWNER DETAILS: *a copy of photo ID is required*

Owner's legal name:	Date of birth:
Postal address:	
	Postcode:
Contact phone number:	Email:

NEW DOG OWNER DETAILS: *a copy of photo ID is required*

Owner's legal name:	Date of birth:
Address where dog will be kept:	
	Postcode:
Postal address <i>(if different from above)</i> :	
	Postcode:
Contact phone number:	Email:

DOG DETAILS: (Up to 3 dogs)

Name of dog:	Dog breed:
Dog age:	Microchip number:
Date given away or sold:	Animal ID or Tag#:
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Date given away or sold:	Animal ID or Tag#:

DECLARATION:

By signing this form you certify that you have read this form in its entirety and at the time of signing, the details included are, to the best of your knowledge, true and correct. You understand that failure to supply information or giving false information may result in further action. Please note that this form requires the signatures of the previous owner and the new owner to be accepted.

Signature of dog(s) previous owner: _____ Date: _____

Signature of dog(s) new owner: _____ Date: _____

OFFICE USE ONLY:

Date & Staff Name Received:

New tag # (if required):

Notes:

The personal information that you provide in this form will be held and protected by Whanganui District Council in accordance with the Privacy Act 1993.