Change to dog(s) Ownership

Under section 48, Dog Control Act 1996

TE KAUNIHERA Ā-ROHE O Whanganui DISTRICT COUNCIL

Previous dog owner details

A copy of photo ID is required

Owner's legal name:

Previous owner date of birth: / /

Postal address:

Contact phone number:

Email address:

New dog owner details

A copy of photo ID is required

Owner's legal name:

New owner date of birth: / /

Address where the dog is kept:

Postal address: (if different from above)

Contact phone number:

Email address:

☐ Please tick to receive your dog notices by email.

Dog details

Up to 3 dogs

Name of dog:

Dog breed and colour:

Dog age:

Microchip number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Date given away or sold:

Animal ID or Tag#:

Working dog: ☐ Yes ☐ No

Name of dog:

Dog breed and colour:

Dog age:

Microchip number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Date given away or sold:

Animal ID or Tag#:

Working dog: ☐ Yes ☐ No

Name of dog:

Dog breed and colour:

Dog age:

Microchip number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Date given away or sold:

Animal ID or Tag#:

Working dog: ☐ Yes ☐ No

Transfer details

Only complete this section if you are transferring your dog registration from outside of Whanganui

	Dog one:	Dog two:	Dog three:
Council currently registered with:			
Current tag number:			

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. 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 received	Staff name	New tag number (if required)

Notes

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