Declaration of a deceased dog

Dog Control Act 1996

TE KAUNIHERA Ā-ROHE O Whanganui DISTRICT COUNCIL

Dog owner details

This declaration must be made by the registered owner

Owner's legal name:

Owner date of birth: / /

Email address:

Date of birth is required for identification purposes under section 34(2)(a) of the Dog Control Act 1996

Street address:

Contact phone number: Mobile | Home | Work

Dog details

Name of dog:

Dog breed:

Colour:

Age:

Sex:

Animal ID or Tag#:

Cause of death: (euthanasia/other)

If other reason, give details

Attach euthanasia/death certificate or veterinary invoice to this form

◯ Yes, I have attached euthanasia/death certificate

Name of dog:

Dog breed:

Colour:

Age:

Sex:

Animal ID or Tag#:

Cause of death: (euthanasia/other)

If other reason, give details

Attach euthanasia/death certificate or veterinary invoice to this form

◯ Yes, I have attached euthanasia/death certificate

Declaration

In accordance with section 41A of the Dog Control Act 1996, I hereby declare that I am the registered dog/s owner and that the dog(s) listed above is/are deceased. I also understand that if I knowingly provide any false or misleading statements in relation to this declaration that, on summary conviction, I am liable to a fine not exceeding $3,000.

Dog owner's signature:

Date:

Refund details

Tick preferred method of refund, should you be eligible

Under section 39 of the Dog Control Act 1996, the part fee refundable is calculated based on the number of complete months remaining in the registration year after the date of the request for the refund. Payment for the current year's registration must have been paid.

◯ Credit to your other dog's registration

Other dog's name:

Animal ID:

◯ Credit to rates account

You must be listed as the property owner to receive a credit to property rates.

Property address:

Property number:

◯ Credit to bank account

Bank account holder's name:

Proof of bank account must be attached to this form to be eligible for refund to a bank account

◯ Yes, I've attached a bank statement, screenshot of account details or receipt of details from the bank

Please return this form to: Whanganui District Council

By post:
PO Box 637
Whanganui 4541

In person:
101 Guyton St
Whanganui 4500

By email:
Email the form and attachments
yourcouncil@whanganui.govt.nz

OFFICE USE ONLY

Owner name ID

Date and signed