



APPLICATION DOG REGISTRATION

01/07/2024 TO 30/06/2025

Section 9(2)(a) Dog Control Act 2000

Owner Name: _____

Email: _____

Phone: _____

Address where dog lives: _____

DOG DETAILS

Name:				
Breed				
Colour:		Desexed?	Y <input type="checkbox"/>	N <input type="checkbox"/> (Provide evidence)
Gender:	M/F	Date of Birth		
Microchip #				

DECLARATION

I declare the above information to be true in every aspect to the best of my knowledge and belief in accordance with Section 78 of the Dog Control Act 2000.

Signature Date

Privacy Statement

The information that the Council is collecting from you is personal information required under the Personal Information Protection Act 2004. The intended recipients of the information are officers of the Flinders Council in order to carry out Council business. Personal information will be used only for the purposes described in the Act, or may be disclosed if authorised by law. The supply of the information by you is not voluntary, if you cannot provide the information sought, Flinders Council will not be able to process your application. You may make access and/or amend your personal information at any time.

NOTIFICATION OF DEATH, CHANGE OF OWNER OR ADDRESS

Please notify Council in the event of your dog(s) death or when transferred to a new owner or address.

*Note owner must be 18 years or older.

Death Change of Owner Change of Address

New Details:

Name of Owner: _____

Address of Owner: _____

Phone: _____ Signed: _____ Dated: _____

OFFICE USE

Dog Number	Property ID	Tag Number	Amount Due*	Receipt Number

