



**ANIMAL MANAGEMENT**

**ENVIRONMENTAL HEALTH SERVICES**

# APPLICATION FOR DOG REGISTRATION

PLEASE COMPLETE THIS APPLICATION IN BLOCK LETTERS AND TICK BOXES WHERE APPLICABLE.

**APPLICANT DETAILS: IF APPLICANT IS UNDER EIGHTEEN (18) THE PARENT OR GUARDIAN WILL BE HELD RESPONSIBLE FOR THE DOG**

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Contact Telephone Numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

**ADDRESS WHERE DOG IS KEPT:**

**POSTAL ADDRESS OF APPLICANT: WRITE "AS ABOVE" IF THE SAME ADDRESS OF WHERE DOG IS KEPT**

Land Size m<sup>2</sup> of Property

\_\_\_\_\_ m<sup>2</sup>

**DOG DETAILS:**

Name of dog	Sex M/F	Desexed Y/N	Age Yrs Mths	Breed	Colours and Markings
1.					
2.					
3.					
4.					

**PERMIT REQUIREMENTS:**

Are more than 2 dogs kept on the property? Y / N

Is the dog(s) kept in a multiple dwelling (i.e. unit / flat)? Y / N

**DETAILS OF CONCESSIONS:**

PENSIONER

Pension No.: \_\_\_\_\_

Sighted by (Council Officer): \_\_\_\_\_

DESEXING Sterilisation Certificate

Attached

Sighted by (Council Officer): \_\_\_\_\_

RECIPROCAL REGISTRATION

Proof of current registration with another Council attached

Sighted by (Council Officer): \_\_\_\_\_

PUPPY UNDER 6 MONTHS

Proof of age attached

Verified by (Council Officer): \_\_\_\_\_



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# APPLICATION FOR DOG REGISTRATION

PLEASE COMPLETE THIS APPLICATION IN BLOCK LETTERS AND CIRCLE BOXES WHERE APPLICABLE.

**DECLARATION OF LODGEMENT:**

I hereby apply for registration of the dog(s) described overleaf.

1. Where the pensioner's concession has been applied for, I authorise Centrelink or the Department of Veteran Affairs to divulge to Townsville City Council the information contained in my records as is necessary to determine my eligibility for such concession and for no other purpose.

2. I declare that:

My dog is not a restricted dog breed (i.e. dogo Argentino, fila Brasileiro, Japanese Tosa or of the type commonly known as 'American pit bull terrier' or 'pit bull terrier') or any crossbreed thereof, or

My dog is a restricted breed and I have declared it on the application for registration.

(Tick which box is applicable)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**LODGEMENT:**

Applications can be lodged at one of our Customer Service Centres located at:

103 Walker Street  
TOWNSVILLE CITY

86 Thuringowa Drive  
THURINGOWA CENTRAL

Phone » 4727 9000  
Fax » 4727 9050

Applications may be submitted by fax or mail, providing that evidence for any concessions claimed is accompanied with payment and application.

Please contact our Customer Service Centre for current fees and conditions.

**CREDIT CARD PAYMENTS:**

I authorise Townsville City Council (ABN 44 741 992 072) to debit my credit card for the fee applicable to the dog registration type indicated above. The debit will be made on receipt of this application by Townsville City Council.

Card Type:

Visa / Master Card / American Express / Bank Card

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

*Office Use Only*

**Tag Issued**

**Registration Fee**

1.	1.
2.	2.
3.	3.
4.	4.

Receipt No \_\_\_\_\_  
Date \_\_\_\_\_  
Officer ID \_\_\_\_\_

