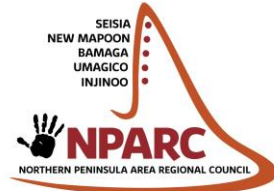


OFFICE USE ONLY					
EXPIRY DATE: 31 st December _____	Tick One				
	SEI	NEW	BAM	UMG	INJ
TAG No. _____	TAG COLOUR				



APPLICATION FOR DOG REGISTRATION

OWNER DETAILS (ONE OWNER ONLY)

Surname: _____ First Name: _____

Home Address _____

Suburb: _____ PostCode _____

Phone: _____ Work: _____ Mobile: _____

Email: _____

DOG DETAILS

NAME OF DOG: _____ COLOUR: _____ BREED: _____

AGE (If known): _____ Years _____ Months SEX: Male or Female (Circle)

STERILISED: Yes No STERILISATION CERTIFICATE PROVIDED: Yes No

WILL THE DOG BE KEPT AT A DIFFERENT ADDRESS THAN ABOVE: Yes No

IF YES, which address will the dog be kept at:

NUMBER OF DOGS CURRENTLY AT THIS ADDRESS: _____

General appearance of the Dog: (any distinguishing markings)

Attach Photo

DOG OWNER SIGNATURE: _____ DATE: _____

OFFICE USE ONLY						
EXPIRY DATE: 31 st December _____	Tick One					PRINT NAME: (STAFF)
	SEI	NEW	BAM	UMG	INJ	
TAG No. _____	TAG COLOUR					SIGNATURE: (STAFF)