



Shire of Murray

Animal Registration – Change of Details

Dog Act 1976 – s.16 & 16A | Dog Regulations 2013 – r.19

Cat Act 2011 – s.24 & 25

PLEASE NOTE – Proof of Sterilisation or a Statutory Declaration must be submitted with this form.

PART A – Owner Details

Registered owner's full name:

Residential address:

Postal address: *(if different from above)*

Age: (dd/mm/yy) / / Email address: *(if available)*
(Owner must be 18 years or older)

Contact telephone number: (H) (W) (M)

PART B – Animal Details

Animal Type	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat
Registration N ^o						
Microchip N ^o						
Animal Name						

Dog Sterilisation Details *(if applicable)*

Sterilisation Date						
Evidence Attached	<input type="checkbox"/> Certificate <input type="checkbox"/> Stat Dec	<input type="checkbox"/> Certificate <input type="checkbox"/> Stat Dec	<input type="checkbox"/> Certificate <input type="checkbox"/> Stat Dec	<input type="checkbox"/> Certificate <input type="checkbox"/> Stat Dec	<input type="checkbox"/> Certificate <input type="checkbox"/> Stat Dec	<input type="checkbox"/> Certificate <input type="checkbox"/> Stat Dec
Veterinary Clinic						

PART C – Change of Address *(if applicable)*

Previous Residential address:

New Residential address:

New Postal address: *(if different from above)*

New Contact telephone number: (H) (W) (M)

PART D – Notification of New Owner *(if applicable)*

New animal owner's full name:

Residential address:

Postal address: *(if different from above)*

Age: (dd/mm/yy) / / Email address: *(if available)*
(Owner must be 18 years or older)

Contact telephone number: (H) (W) (M)

Reason for change of ownership (mandatory):

Owner's delegate contact details *(optional)*

Contact Name:

Residential address:

Postal address: *(if different from above)*

Age: (dd/mm/yy) / / Email address: *(if available)*
(Must be 18 years or older)

Contact telephone number: (H) (W) (M)

PART E – Previous Convictions, relevant orders

Do you have any convictions for offences against the *Dog Act 1976*, *Cat Act 2011* or *Animal Welfare Act 2002* in past 3 years?

Yes No

If yes, please give details (specify the date of the conviction(s), nature of the offence and the legislation involved)

Are you currently banned, or have you ever been banned, from owning or keeping a dog under an order under the *Dog Act 1976* section 46A (2) either permanently or for a period specified in the order?

Yes No

If yes, please give details of the order

PART F – Payment Options (for sterilisation refund)

PAYMENT BY EFT

Account Name:

BSB:

Account Number:

PAYMENT BY CHEQUE

Full Name:

Postal Address:

PART G – Declaration

The Shire of Murray may refuse the refund if any or all of the required information is not provided. (*Dog sterilisation refund only*)

I, of
 declare that the information I have provided is true and correct. I am aware that it is an offence to provide information that I know to be false and/or misleading.

Signature: Date: / /

Note: If change of ownership, previous owners full name:

Previous owner signature: Date: / /

SHIRE OF MURRAY Office Use Only

Date Received: / /

Receiving Officer:

Unsterilised Dog Registration		Refund if Sterilised (first to third year after registration date)			
Period	Fee	First Year	Second Year	Third Year	Subsequent Years
1 year	\$50.00	<input type="checkbox"/> \$30.00	N/A	N/A	NIL
3 year	\$120.00	<input type="checkbox"/> \$77.50	<input type="checkbox"/> \$51.66	<input type="checkbox"/> \$25.83	NIL
Lifetime	\$250.00	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$50.00	NIL

Date Processed: / /

Refund approved: Yes No

Officer Signature: