

Paroo Shire Council

*Animal Management (Cats
and Dogs) Act 2008*
Sections 46, 47,54 and 55

Application for Registration/ Renewal of Registration/ Change of Details of Registration of Cat or Dog

Application Date	___/___/___	
Application Type	<input type="checkbox"/> New registration <input type="checkbox"/> Renewal of registration <input type="checkbox"/> Change of registration information	
Applicant Details	Full name	
	Residential address	
		Suburb State
		Postcode
	Postal address	<input type="checkbox"/> As above
	Telephone	
	Email	
Details of Animal	Name	
	Registration Type	<input type="checkbox"/> Cat <input type="checkbox"/> Dog
	Breed	
	Year of Birth/Age	Month Year /Age
	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Desexed ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Colour	
	Any other distinguishing features or marks	
	Permanent Identification Number (PID) / Microchip <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration Number: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Permanent Identification Number (PID) / Microchip
Address (at which the cat/dog is kept)	Address	
	<input type="checkbox"/> As above <input type="checkbox"/> Different (please state)	
Regulated Dogs only	<input type="checkbox"/> Restricted Dog <input type="checkbox"/> Dangerous Dog <input type="checkbox"/> Menacing Dog Permit number: (Restricted Dogs only)	
Declaration	I apply for the registration of the dog/cat described above and declare that the particulars are correct in every detail and that I have read the Council's terms and conditions. Applicant's signature Date	
Office Use Only		
Date received:	<input type="checkbox"/> Registration fee paid	<input type="checkbox"/> Additional information required
<input type="checkbox"/> Registration valid from	Date of approval:	<input type="checkbox"/> Veterinary surgeon's certificate attached if cat/dog desexed

¹ If the cat/dog is desexed, a veterinary surgeon's certificate must be attached to the application.