

Animal Control – Notification of Change

Pursuant to S.34 and S.48 Dog Control Act 1996

CURRENT OWNER DETAILS

Owner Number: _____
 Date of Birth: _____
 Name: _____
 Mailing Address: _____
 Location Address: _____
 Phone Number: _____

DOG/S DETAILS

Tag No.	Name of Dog	Breed	Colour	Sex

Change Of Address - New Address

Mailing Address: _____
 Location Address: _____
 Phone Number: _____

Change Of Ownership

New Owner Number: *(If applicable)* _____
 Date Birth: _____
 Name: _____
 Mailing Address: _____
 Location Address: _____
 Phone Number: _____

Notification Of Deceased Dog/Request For Refund Of Registration Fee

Date dog passed away (approximate date if unsure): _____
 Please credit my account with any registration fee refund
Account Number _____

PLEASE SIGN OVERLEAF



BULLER
DISTRICT COUNCIL
Te Kaunihera O Kawatiri

Signature

Date

OFFICE USE ONLY

Tag Number		Refund Amount:		<input type="checkbox"/> Computer records updated
Receipt		Date of receipt		
<input type="checkbox"/> Send refund payment		<input type="checkbox"/> Credit account:		

Signature

Date