

Sale of Progeny - Change of Animal Ownership Form

Local Law No. 2 (Animal Management) 2011 and Animal Management (Cats and Dogs) Act 2008

IMPORTANT			
Conditions of your Annual Breeder Approval requires this Sale of Progeny Form: <ul style="list-style-type: none"> To be supplied to Council AND the new animal owner within 14 days of each sale; and To match the offspring's Animal Number as recorded on the Breeding Record Form which was returned to you by Council. Note: New owner/s must be 18 years of age or over and have signed and completed this form.			

SUPPLIER DETAILS			
Given Name/s & Surname			
Supplier Address			
Suburb & Postcode			
Email			
Phone	M:	H:	W:
Breeder Identification Number (BIN)			

ANIMAL DETAILS (of animal being sold/gifted)												
Species	<input type="checkbox"/> Dog <input type="checkbox"/> Cat											
Breed												
Animal DOB												
Colour Description												
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female											
Microchip Number												
Desexed	<input type="checkbox"/> Yes <input type="checkbox"/> No											
Desexing Certificate Attached (if desexed)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A											
Desexing Pre-Paid Voucher Attached*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A											
Name of Vet												
<small>*Note: Desexing Voucher must be the equivalent value of the full cost of desexing the animal as required under Council's Local Law (Schedule 2 of Subordinate Local Law No. 2)</small>												
Scheduled Desexing Date												

NEW OWNER DETAILS												
Given Name/s & Surname												
Date of Birth												
Address where animal will be kept												
Postal address (if different from above)												
Email												
Phone	M:	H:	W:									
Preferred method to receive correspondence	<input type="checkbox"/> Email <input type="checkbox"/> Post											
New Animal Name											(Office Use Only) Animal No:	
Pension Concession (if applicable)												
Concession Type	<input type="checkbox"/> Pensioner Concession Card			<input type="checkbox"/> Repatriation Health Card			<input type="checkbox"/> Veterans Affairs Service Card					
Name on Card												
Pension Card Number				-			-					

HELP ME – I'M LOST

Would you like Council to release your contact information if your animal is found? Only boxes marked below will be released.

Owner Name Address Home/Work Ph Mobile Phone Email Animal Name

Declaration

This section must be completed by the new owner. Where a person is signing on behalf of the applicant (the 'signatory'), they must occupy a position that is legally entitled to make that application and complete the details below. Documentation must be provided if a power of attorney (POA) signs on behalf of a person.

I understand and verify that:

- The statements and information provided are accurate, true and complete
- I have received all relevant third party consents and authorisations
- It is an offence to knowingly provide false or misleading information
- Where a concession has been applied for, I authorise the Federal Government and its agencies to divulge to Fraser Coast Regional Council so much of the information contained in my records as is necessary to determine eligibility for concessions of dog registration fees, and for no other purpose.

Owner Name	
Signatory Name	
Signature	
Date	

Office Use Only

CSO Name/Initials		Date		AniPublnf Memo	
AniPension Memo (on owner if applic)		Tag No			