

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 <u>AND</u> 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. | | | |
| <i>Note: New owner/s must be 18 years of age or over and have signed and completed this form.</i> | | | |

| 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) | Office Use Only Animal No: | Tag No: | | | | | | | | | | | | | | | | | | | | |
|--|---|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Species | <input type="checkbox"/> Dog <input type="checkbox"/> Cat | | | | | | | | | | | | | | | | | | | | | |
| New Animal Name | | | | | | | | | | | | | | | | | | | | | | |
| Breed | | | | | | | | | | | | | | | | | | | | | | |
| Animal DOB | | | | | | | | | | | | | | | | | | | | | | |
| Colour Description | | | | | | | | | | | | | | | | | | | | | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | | | | | | | | | | | | | | | | | | |
| Microchip Number | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> <td style="width:25px; height:20px;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | |
| 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 10 of Subordinate Local Law No. 2)</small> | | | | | | | | | | | | | | | | | | | | | | |
| Scheduled Desexing Date | | | | | | | | | | | | | | | | | | | | | | |

| NEW OWNER DETAILS | Office Use Only Property ID: | Name ID: |
|--|--|------------|
| 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 | |

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.

| | | | | | |
|-------------------------------------|----------------------------------|---------------------------------------|---------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Owner Name | <input type="checkbox"/> Address | <input type="checkbox"/> Home/Work Ph | <input type="checkbox"/> Mobile Phone | <input type="checkbox"/> Email | <input type="checkbox"/> 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 |
| Tag No | | |