

New Animal Registration Form

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

IMPORTANT INFORMATION
<ul style="list-style-type: none"> No more than two (2) dogs are allowed to be kept on any land (except units) unless a permit to do so has been approved. No more than one (1) dog is allowed to be kept in residential units unless a permit to do so has been approved. Registration discounts are offered for desexed and/or animals 8 years+. Concessional discounts are available for animal owners 60 years and over, or who hold an Australian Government issued Disability Pension Card, Carers Card or Department of Veterans Affairs Gold Card. Reciprocal registration is valid for current registration period only, with proof of registration in another Council area to be sighted. Dog/s must comply with Council's requirements for desexing (animal/s must be desexed within 28 days of registration). Animals 6 months and under in age are free to register for the current registration period.

PROHIBITED ANIMALS <i>*the following dogs (including cross-breeds) are prohibited within the Fraser Coast boundaries.</i>
<ul style="list-style-type: none"> American Pit Bull Dog Argentino Filo Brasileiro Japanese Tosa Presa Canario Dingo

WORKING, GUIDE/HEARING/ASSISTANCE, GUARD DOGS or ADDITIONAL DOGS
Your application will go through an assessment process. Please complete the relevant registration application form found on Council's website. Working Dog ; Guide/Hearing/Assistance Dog ; Guard Dog ; Additional Dog

ADDRESS WHERE ANIMAL KEPT	Office use only – Prop No:
Street Address, Suburb & Postcode	

APPLICANT DETAILS (must be 18 years or over)	Office use only – Name No:
Foster Carer <input type="checkbox"/> Yes <input type="checkbox"/> No	Dog Currently in pound <input type="checkbox"/> Yes <input type="checkbox"/> No
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Date of Birth
Surname	Given Name/s
Postal Address (or as above)	
Email	
Phone M: _____ H: _____ W: _____	
Would you like to receive your Animal and Rates notices via email? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CONCESSION (if applicable)
Concession Type <input type="checkbox"/> 60 or over <input type="checkbox"/> Carers Pension Card <input type="checkbox"/> Disability Pension Card <input type="checkbox"/> Vet Affairs Gold Card
Name on Card
Pension Card Number

ALTERNATE CONTACT DETAILS	Office use only – Name No:
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	Date of Birth (if known)
Surname	Given Name/s
Residential Address	
Email	
Phone M: _____ H: _____ W: _____	

ANIMAL DETAILS #1 <i>*complete sections as relevant</i>	Animal No: Tag No:
Animal Name	
Date of Birth/Age	
Microchip Number	
Breed/s	
Colour/s	
Distinguishing Marks	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Desexed (if no – refer exemptions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prepaid Desexing Voucher	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Booked In	
Vet Surgery	

ANIMAL DETAILS #2 <i>*complete sections as relevant</i>	Animal No: Tag No:
Animal Name	
Date of Birth/Age	
Microchip Number	
Breeds/s	
Colour/s	
Distinguishing Marks	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Desexed (if no – for exemptions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prepaid Desexing Voucher	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Booked In	
Vet Surgery	

DESEXING EXEMPTION	
8Yrs or over; or <input type="checkbox"/> Y <input type="checkbox"/> N	Breeder Assoc; or (Proof required) <input type="checkbox"/> Y <input type="checkbox"/> N
Vet exemption; or (Proof required) <input type="checkbox"/> Y <input type="checkbox"/> N	Show Assoc.; or (Proof required) <input type="checkbox"/> Y <input type="checkbox"/> N
BIN number; or <input type="checkbox"/> Y <input type="checkbox"/> N	Bin #

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BIN number; or <input type="checkbox"/> Y <input type="checkbox"/> N	Bin #

REGULATED ANIMAL	
Declared Dangerous <input type="checkbox"/> Y <input type="checkbox"/> N	Restricted <input type="checkbox"/> Y <input type="checkbox"/> N
Declared Menacing <input type="checkbox"/> Y <input type="checkbox"/> N	

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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	
<input type="checkbox"/>	I declare that I have answered all questions truthfully and that all the information I have provided is accurate. I acknowledge that it is an offence under section 204 of the <i>Animal Management (Cats and Dogs) Act 2008</i> to provide false or misleading information.
<input type="checkbox"/>	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.
<input type="checkbox"/>	I declare that I will provide a desexing certificate to Council prior to my dog/s turning 22 weeks of age, or within 28 days of registration whichever is sooner. By ticking this box I understand that if my animal is whole, and I am not claiming for an exemption and have not provided a pre-paid desexing voucher, I will be issued with a compliance notice if my animal is over 22 weeks. I also understand that I am to provide a desexing certificate within 28 days of receiving this notice, or fines may apply.
Applicant Signature:	Date:

Office Use Only			
Rec No:	Date Created:	CSO Initials:	<input type="checkbox"/> Declaration consent section signed
Desexing Application (if applicable)			
Animal 1:		Animal 2:	
<input type="checkbox"/> Available to the public memo completed	<input type="checkbox"/> Owners details verified – (Licence/Credit/Pension Card)	<input type="checkbox"/> AniChgMemo (if applicable)	<input type="checkbox"/> Desexing exemption memo (if applicable)
<input type="checkbox"/> Pension Memo (if applicable)	<input type="checkbox"/> Registration Certificate Issued		