

## APPLICATION TO REGISTER UP TO 6 RACING GREYHOUNDS

**PURPOSE OF FORM:** This form will be used to process your application to register up to 6 racing Greyhounds.

### IMPORTANT INFORMATION

- Only one person can be the registered owner/keeper of an animal. The owner must be 18 years or over.
- Registration discounts are offered for desexed and/or animals 8 years +. Concessional discounts are available during the current Renewal period for animal owners who are 60yr +, or who hold an Australian Government issued Disability Pension Card, Carers Card or Department of Veterans Affairs Gold Card. Concession details and/or relevant proof of desexing/age must be sighted before discounts can be applied.
- Please phone 1300 79 49 29 for applicable fees and charges.

### Section 1 - Residential address of where Racing Greyhound is to be kept

Street Address:	OFFICE USE ONLY Property Number
How many racing greyhounds already exist at this address?	

### Section 2 – Registered owner/keeper details (Applicant)

Surname:	Given Name/s:	OFFICE USE ONLY Name Number
Date of Birth (18yrs+):	<input type="checkbox"/> *60Yr+ (Concession applies)	Work Phone:
Email:	Would you like to receive your Animal and Rates notices via email? Y <input type="checkbox"/> N <input type="checkbox"/>	Home Phone:
Postal Address:	Mobile:	
Concession Type:	<input type="checkbox"/> Carers Card	<input type="checkbox"/> Disability Pension Card
	<input type="checkbox"/> Veteran Affairs Gold Card	
Card Number:	Name on Card:	

### Section 3 - Alternate contact details\*

Surname:	Given Name/s:	OFFICE USE ONLY Name Number
Date of Birth (18yrs+):		Work:
Email:		Home:
Postal Address:		Mobile:

### Section 4 – Details of Racing Greyhound/s to be registered at this address

Registered Name (Council):	Registered Name (Council):
Racing Name:	Racing Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Desexed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Desexed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ani # Tag #	Ani # Tag #
Colour: Age/DOB:	Colour: Age/DOB:
Microchip No:	Microchip No:
Registered Name (Council):	Registered Name (Council):
Racing Name:	Racing Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Desexed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Desexed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ani # Tag #	Ani # Tag #
Colour: Age/DOB:	Colour: Age/DOB:
Microchip No:	Microchip No:
Registered Name (Council):	Registered Name (Council):
Racing Name:	Racing Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Desexed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Desexed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ani # Tag #	Ani # Tag #
Colour: Age/DOB:	Colour: Age/DOB:
Microchip No:	Microchip No:

### Section 5 – Membership details

Is the registered owner/keeper/Greyhound a member of the Greyhound Racing Authority of Queensland?  YES  NO

Membership No: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Number \_\_\_\_\_

---

### Section 6 - Registered with another Council

Is your greyhound currently registered with another Council?  Y  N

*If YES, you may be eligible for free registration to the end of the current registration period. Proof of registration must be sighted.*

---

### Section 7 – I'm lost, help me get home

Council uses the tag number to identify you as the owner should your dog/s be collected by a Compliance Officer. If your dog/s is found by a member of the public they can also use the tag number to help return your pet to you. This information may be released in person, over the phone, or through a web-based program.

If you would like Council to release your contact information for the purposes mentioned above, please tick the appropriate release information fields below. Only information marked with a 'Y' will be released.

Owners Name	<input type="checkbox"/> Y <input type="checkbox"/> N	Address	<input type="checkbox"/> Y <input type="checkbox"/> N	Phone No.	<input type="checkbox"/> Y <input type="checkbox"/> N
Mobile Number	<input type="checkbox"/> Y <input type="checkbox"/> N	Email	<input type="checkbox"/> Y <input type="checkbox"/> N	Animal Name	<input type="checkbox"/> Y <input type="checkbox"/> N

---

### DECLARATION (Please tick)

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 *Animal Management (Cats and Dogs) Act 2008* to 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 cat and dog registration fees and for no other purpose.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

---

#### OFFICE USE ONLY

CSO Initials:	Date Created:	Receipt No:
---------------	---------------	-------------