

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:
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