

Address all correspondence to :

Chief Executive Whakatāne District Council Private Bag 1002 Whakatāne 3158 | Phone 07 306 0500 | Fax 07 307 0718

FIRST NAME		SECOND NAME						
SURNAME		KNOWN AS						
PHYSICAL ADDRESS (WHERE DOG IS KEPT)								
HOUSE/UNIT NUMBER		STREET						
RD NUMBER		SUBURB/AREA						
TOWN		POST CODE						
POSTAL ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)								
HOME PHONE		WORK PHONE						
MOBILE PHONE		DATE OF BIRTH						
EMAIL ADDRESS		GENDER						
THIS FORM IS NOT A REGISTRATION APPLICATION								
<i>Your date of birth is required under the dog control act 1996 to enable you to be distinguished from other persons with the same name.</i>								
DOG'S NAME	BREED	COLOUR	TATTOO/ MARKS	SEX	VET'S CERT IF DESEXED	DANGEROUS DOG (UNDER SEC 32 DCA)-Y/N	PERIOD DOG OWNED	DOG'S DATE OF BIRTH
SIGNATURE OF OWNER:				HAVE YOU SUPPLIED YOUR DATE OF BIRTH? Y / N		SIGNATURE OF AGENT:		
DATE:		AGENTS FULL NAME AND ADDRESS:						