

Dog Registration Amendment Form



Privacy Notice: Rockhampton Regional Council is collecting the personal information you supply on this form for the purpose of processing your application. Council is authorised to do this under the *Animal Management (Cats and Dogs) Act 2008*. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

This form is to be completed when amending current dog registration details. If the registration is not current please complete the Dog Registration Application Form. Please refer to the Dog Registration Factsheet for further information.

P: 07 4932 9000 | E: enquiries@rrc.qld.gov.au | W: www.rrc.qld.gov.au | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766

Current Registered Owner Details <small>(please provide details as shown on current registration)</small>															
Owner name:															
First	Middle	Last													
Postal address:															
Preferred contact number:	Email:														
Amendment Details															
<input type="checkbox"/> Update dog details <small>(please complete Animal Details section)</small>	<input type="checkbox"/> Update owner details <small>(please complete New Details section)</small>	<input type="checkbox"/> Change registered owner <small>(please complete New Details section)</small>													
Animals Details															
Dog 1 name: _____	Reference number:	<table border="1" style="width: 100%;"><tr><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr></table>													
Amendment details:															
<input type="checkbox"/> Desexed <input type="checkbox"/> Deceased <input type="checkbox"/> Missing/stolen															
<input type="checkbox"/> Transfer registration <input type="checkbox"/> Relocated out of Rockhampton Region															
<input type="checkbox"/> Address where dog is kept <small>(address details):</small>															
<input type="checkbox"/> Microchipped <small>(microchip number):</small> <table border="1" style="width: 100%;"><tr><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr></table>															
Dog 2 name: _____	Reference number:	<table border="1" style="width: 100%;"><tr><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr></table>													
Amendment details:															
<input type="checkbox"/> Desexed <input type="checkbox"/> Deceased <input type="checkbox"/> Missing/stolen															
<input type="checkbox"/> Transfer registration <input type="checkbox"/> Relocated out of Rockhampton Region															
<input type="checkbox"/> Address where dog is kept <small>(address details):</small>															
<input type="checkbox"/> Microchipped <small>(microchip number):</small> <table border="1" style="width: 100%;"><tr><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr></table>															
New Details															
New name:															
First	Middle	Last													
Date of birth:															
Residential address:															
Postal address <small>(if different):</small>															
Preferred contact number:	Email:														
If change of ownership, has the dog been desexed? <small>(if selected yes, a photocopy of the desexing certificate must be provided at time of lodgement)</small>															
<input type="checkbox"/> Yes <input type="checkbox"/> No															
OFFICE USE ONLY															
Date:	CSO:	Information checked: Y / N													
Amount:	Receipt number:	Application number:													

Alternate Contact Details *(these details will be used if unable to contact the dog owner)*

Name:

Contact number:

Pensioner Status *(a photo copy must be provided at the time of lodgement)* I am advising of pensioner status I am no longer a pensioner

Name on card:

Card number:

Refund Request *(please refer to the Dog Registration Factsheet for refund eligibility if requesting a refund)*

Account name:

Bank name:

BSB:

Account number:

Declaration

The applicant must be the responsible person for the animal/s.

I am aware that the number of dogs kept at the property is in accordance with the allowable number of dogs. If more than two dogs are kept at this property the Additional Animal (Cats and Dogs) Application Form must accompany this form.

I submit this Dog Registration Amendment Form with the relevant supporting documentation as required. I declare that the details are correct to the best of my ability.

Name:

Signature:

Date:

Supporting Documentation

Please remember to provide the following supporting documentation when submitting this form:

 Desexing certificate *(if you are unable to provide, a completed statutory declaration will be accepted)* Pensioner card Microchip certificate/sticker Evidence of change of surname Police report *(if stolen)* Statutory declaration Death certificate or registration tag *(if this is unable to be provided a completed Statutory Declaration will be accepted)***Fees and Charges**

For a full list of fees and charges please refer to Council's [Fees and Charges Schedule](#).

Payment Information

In person | You can pay at Council's Customer Service Centres: 232 Bolsover Street, Rockhampton; 32 Hall Street, Mount Morgan; 1 Ranger Street, Gracemere.

By phone | Customer Service staff will contact you regarding payment via credit card or debit once this form is received.

By post | Make your cheques/money order payable to 'Rockhampton Regional Council' and send to PO Box 1860, Rockhampton, Queensland, 4700.