

Dog Registration Application 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*. Council deals with personal information in accordance with law, including the *Information Privacy Act 2009*.

This form is to be completed when registering your dog/s. All dogs must be registered from 12 weeks of age. 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

Owner Details <i>(please nominate only one dog owner who must be over 18 years of age)</i>															
Owner name:															
First				Middle				Last							
Are you over the age of 18?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		Date of birth:					
Preferred contact number:						Email:									
Preferred delivery method: <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Collect – (Rockhampton, Gracemere, Mt Morgan)															
<i>Email is the standard form of delivery. If this method is unsuitable please select an alternative.</i>															
Postal Address															
Street number and name:															
Suburb:						State:			Postcode:						
Alternate Contact Details <i>(these details will be used by Council if unable to contact the dog owner)</i>															
Name:						Contact number:									
Pensioner Status															
Name on card:						Card number:									
Over 65's Status <i>(a copy of your seniors card, drivers licence or birth certificate must be provided at time of lodgement)</i>															
Name on card:						Card number:									
Dog Details															
Dog 1															
Has your dog been registered with Council previously, either in your name or a different name?										<input type="checkbox"/> Yes		<input type="checkbox"/> No			
<i>(if yes, please attach details to this application)</i>															
Registration type: <input type="checkbox"/> New <input type="checkbox"/> Transfer from deceased dog <input type="checkbox"/> Transfer from another QLD local government															
Name:						Reference number:			-						
Date of birth:				Breed:				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female							
Desexed: <input type="checkbox"/> Yes <input type="checkbox"/> No				Microchip number:											
Distinguishing features:						Colour:									
Address where dog is kept <i>(if different to owner)</i> :															
Please indicate if one of the following classes is applicable <i>(refer to the Dog Registration Factsheet for information and further requirements)</i>															
<input type="checkbox"/> Guide/Assistance dog				<input type="checkbox"/> Farm dog				<input type="checkbox"/> Dogs Queensland				<input type="checkbox"/> Regulated dog			
If selected regulated dog, please choose from the following:															
<input type="checkbox"/> Dangerous				<input type="checkbox"/> Menacing				<input type="checkbox"/> Restricted <i>(please complete Restricted Dog section)</i>							

OFFICE USE ONLY	Date:	Receipt number:	CSO:	Information checked: Y / N
	Animal 1: \$	Tag # issued:	Animal 2: \$	Tag # issued:

Dog 2																
Has your dog been registered with Council previously, either in your name or a different name? <i>(if yes, please attach details to this application)</i>											<input type="checkbox"/> Yes		<input type="checkbox"/> No			
Registration type: <input type="checkbox"/> New <input type="checkbox"/> Transfer from deceased dog <input type="checkbox"/> Transfer from another QLD local government																
Name:					Reference number:									-		
Date of birth:				Breed:				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female								
Desexed: <input type="checkbox"/> Yes <input type="checkbox"/> No				Microchip number:												
Distinguishing features:						Colour:										
Address where dog is kept <i>(if different to owner)</i> :																
Please indicate if one of the following classes is applicable <i>(refer to the Dog Registration Factsheet for information and further requirements)</i>																
<input type="checkbox"/> Guide/Assistance dog			<input type="checkbox"/> Farm dog			<input type="checkbox"/> Dogs Queensland			<input type="checkbox"/> Regulated dog							
If selected regulated dog, please choose from the following:																
<input type="checkbox"/> Dangerous			<input type="checkbox"/> Menacing			<input type="checkbox"/> Restricted <i>(please complete Restricted Dog section)</i>										
Restricted Dog <i>(please complete this section if your dog is one of the below breeds to apply for a Restricted Dog Permit)</i>																
Restricted breed:																
<input type="checkbox"/> American Pit Bull Terrier/Pit Bull Terrier				<input type="checkbox"/> Fila Brasileiro				<input type="checkbox"/> Dogo Argentino								
<input type="checkbox"/> Perro de Presa Canario/Presca Canario				<input type="checkbox"/> Japanese Tosa												
Type of shelter: <input type="checkbox"/> Detached house <input type="checkbox"/> Garage/carport <input type="checkbox"/> Other:																
Is the premises fully fenced: <input type="checkbox"/> Yes <input type="checkbox"/> No						Number of entry points:										
Type of fence:						Height of fence:										
Declaration																
I submit this Dog Registration Application Form with the relevant supporting documentation as required. I declare that the details are correct to the best of my ability.																
I am aware that, I, the applicant must be the responsible person for the dog/s and that the number of dogs kept at the property is in accordance with the allowable number of dogs <i>(if more than two dogs are kept at this property an Additional Animal/s Approval Application Form must accompany this form)</i> .																
Name:				Signature:					Date:							
Supporting Documentation																
Please remember to provide the following supporting documentation when submitting this form (if applicable):																
<input type="checkbox"/> Desexing certificate <i>(if you are unable to provide, a completed statutory declaration will be accepted)</i>																
<input type="checkbox"/> Microchip certificate/sticker																
<input type="checkbox"/> Guide, hearing and assistance handlers identification card																
<input type="checkbox"/> Membership certificate from Dogs Queensland																
<input type="checkbox"/> Proof registration with another local government <i>(Queensland only)</i>																
<input type="checkbox"/> Death certificate or registration tag <i>(if you are unable to provide, a completed statutory declaration will be accepted)</i>																
<input type="checkbox"/> Recent colour photo of the dog <i>(only required if applying as a restricted dog)</i>																
<input type="checkbox"/> Seniors card, driver's licence or birth certificate																

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.