

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:						
Residential Address											
Street number and name:											
Suburb:				State:			Postcode:				
Postal Address <i>(if different)</i> :											
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.