

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*. 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 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: | | |
| Postal address: | | | | | | | | | |
| Street number and name | | | | City | | State | | Postcode | |
| 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> | | | | | | | | | |
| 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: | | | | |
| 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 | | | | | | | | | | | | |
| <p>I submit this Dog Registration Application Form with the relevant supporting documentation as required and declare that the details are correct to the best of my ability.</p> <p>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>.</p> | | | | | | | | | | | | |
| 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> | | | | | | | | | | | | |

Supporting Documentation continued

- Death certificate or registration tag *(if you are unable to provide, a completed statutory declaration will be accepted)*
- Recent colour photo of the dog *(only required if applying as a restricted dog)*

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.