

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 *(please provide details as shown on current registration)*

Owner name:

First	Middle	Last
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Date of birth:

Postal address:

Preferred contact number: _____ Email: _____

Preferred delivery method: Email Post Collect – (Rockhampton, Gracemere, Mt Morgan)
Email is the standard form of delivery. If this method is unsuitable please select an alternative.

Amendment Details

Update dog details *(please complete Animal Details section)* Update owner details *(please complete New Details section)* Change registered owner *(please complete New Details section)*

Animals Details

Dog 1

Name: _____ Reference number: _____ - _____

Amendment details:
 Desexed Deceased Missing/stolen
 Transfer registration Relocated out of Rockhampton Region
 Address where dog is kept:
 Microchipped *(microchip number)*: _____

Dog 2

Name: _____ Reference number: _____ - _____

Amendment details:
 Desexed Deceased Missing/stolen
 Transfer registration Relocated out of Rockhampton Region
 Address where dog is kept:
 Microchipped *(microchip number)*: _____

OFFICE USE ONLY	Date: _____	CSO: _____	Information checked: Y / N
	Amount: _____	Receipt number: _____	Application number: _____

New Details			
New name:			
First	Middle	Last	
Date of birth:			
Residential address:			
Street number and name	City	State	Postcode
Postal address <i>(if different)</i> :			
Preferred contact number:		Email:	
If change of ownership, has the dog been desexed? <i>(if selected yes, a copy of the desexing certificate must be provided at time of lodgement)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alternate Contact Details <i>(these details will be used if unable to contact the dog owner)</i>			
Name:		Contact number:	
Pensioner Status <i>(a copy of your pensioner card must be provided at the time of lodgement)</i>			
<input type="checkbox"/> I am advising of pensioner status		<input type="checkbox"/> I am no longer a pensioner	
Name on card:		Card number:	
Refund Request <i>(please refer to the Dog Registration Factsheet for refund eligibility if requesting a refund)</i>			
Account name:		Bank name:	
BSB:		Account number:	
Supporting Documentation			
Please remember to provide the following supporting documentation when submitting this form:			
<input type="checkbox"/> Desexing certificate <i>(if unable to provide, a completed statutory declaration will be accepted)</i>	<input type="checkbox"/> Pensioner card	<input type="checkbox"/> Microchip certificate/sticker	
<input type="checkbox"/> Evidence of change of surname	<input type="checkbox"/> Police report <i>(required if stolen)</i>	<input type="checkbox"/> Statutory declaration	
<input type="checkbox"/> Death certificate or registration tag <i>(if this is unable to be provided a completed Statutory Declaration will be accepted)</i>			
Declaration			
The applicant must be the responsible person for the dog/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/s Approval Application Form must accompany this form.			
I submit this form with the relevant supporting documentation as required. I declare that the details are correct to the best of my ability.			
Name:	Signature:	Date:	

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.