



Shire of Dowerin
ABN 35939977194
13 Cottrell Street, PO Box 111 Dowerin WA 6461
Ph: 9631 1202 Fax: 9631 1193
Email: dowshire@dowerin.wa.gov.au

APPLICATION FOR A CERTIFICATE OF DOG REGISTRATION

Dog Act 1976 Western Australia Form 2 s.15 and 16

Owner Details

Dog Owner's Full Name: _____

Address: _____

Date of Birth: ____/____/____

Telephone: Ph: _____ Mob: _____

Email: _____

Can the Shire of Dowerin use this email address to issue renewal notices and other relevant information? **Yes/No**

Dog Details

Number of dogs to be located at these premises: _____

Dog's Name: _____

Dog Age: _____ Years _____ Months

Breed: _____

Colour: _____

Gender: Male/Female

Microchip Number: _____

Dog Sterilised: Yes/No

Restricted Breed: Yes/No

Distinguishing Marks: Yes/No _____

Registration

Application for renewal for –

a period of 1 year: **Unsterilised: \$50.00 Sterilised: \$20.00**

a period of 3 years: **Unsterilised: \$120.00 Sterilised: \$42.50**

Note: 50% discount for pensioner concession
25% discount for working dog concession

Previous local government where dog was registered: _____

Registration Tag Number: 20 _ _ _ _

Declaration

The local government may refuse an application if any or all of the required information is not provided within the time period specified in the legislation.

I, _____

of _____

the owner of the dog, particulars of which are listed in this application or as the duly authorised agent of the owner, declare that –

- (a) I am / the owner is not under 18 years of age; and
- (b) the particulars shown in this application are true to the best of my knowledge and belief,

and I certify, for the purposes of section 16(1a) of the Act, that means exist on the premises at which the dog will ordinarily be kept for effectively confining the dog within those premises.

I am aware that it is an offence to provide false and misleading information.

Signature: _____

Dated this _____ **day of** _____ **20**__

Payment Options:

CASH/EFT/CHQ

Local Government use only

Registration approved: **Officer:** _____

- Assigned registration number: _____