

Dog Name	Tag No. (Office Use)	Breed & Class (Working/Pet/Hunting)	Colour & Markings	Sex	Age	Fees
Total amount is inclusive of GST						
Dog Collars are available at \$9.00 each				Number Required		
						Total

Please complete the following section

Owners Full Name		Date of Birth	
		Home Phone	
Dogs Location		Work Phone	
Rapid No & Road Name		Fax	
email Address		Mobile	

I hereby apply to register my dog/s described above for the registration period specified. I have read the obligations imposed on me as a dog owner, which are set out in the reverse side of this application, and the information stated on this form is true and correct:

Owner's Signature _____

Date ____/____/____

Please note that failure to supply any of this information requested in this form that is relevant to your application may prevent the registration of your dog. You are encouraged to request the Southland District Council to correct or amend any of these details if you discover a mistake or if the relevant circumstances change. You are required to notify of any change of address or change in the ownership of the dog.

Date Received: ____ / ____ / ____ Time: _____ Officer: _____

✦ **Details of Dogs UNDER the age of Three Months**

Dog Name	Breed	Colour	Age	Sex	Particulars of Permanent ID

✦ **Details of Dogs Sold, Disposed of or Acquired during the year**

Dog Name	Died	Sold to or Acquired from	Address

✦ **Particulars of last registration**

Dog Name	Reg Year	Reg. No	Territorial Authority

Is any dog above classified as a dangerous dog under s.31 of the Dog Control Act 1996? Yes/No
 Classified as a menacing dog under s.33A or s.33C of the Dog Control Act 1996? Yes/No

Please check that all information on your registration form is correct. Alter any details that are incorrect and add any dogs three months of age and over on the front portion of your form and include payment for these.

All registration forms must be completed and signed. Any incomplete forms **WILL** be returned.

Payment Options:

✦ **Post to: Southland District Council, PO Box 903, Invercargill 9840**

✦ **Deliver to Council Offices:**

Invercargill	15 Forth Street	Wyndham	24 Balaclava Street
Riverton	117 Palmerston Street	Stewart Island	9 Ayr Street
Te Anau	116 Town Centre	Otautau	174 Main Street
Winton	1 Wemyss Street	Lumsden	18 Diana Street

✦ **Internet Banking:**

Your completed and signed registration form **must** be returned to PO Box 903, Invercargill 9840, with the date that the payment will go through and amount of the payment.

Please ensure that your **Surname** and **Initials** along with the word “**Dog**” appear on Council’s bank statement.

Date of Payment if paid electronically ____ / ____ / ____ Payment Amount \$ _____

Council’s Bank Details: BNZ Account for Southland District Council 02 0924 0064987 00

✦ **Credit Card:**

Credit Card - Payment Details			
(Please tick)	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	
Cardholder’s Name	<input type="text"/>		
Cardholder’s Signature	<input type="text"/>		
Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry Date	<input type="text"/> / <input type="text"/>	Amount	\$ <input type="text"/>