



SHIRE OF JERRAMUNGUP

Dog Registration Form

OWNER DETAILS:

Given names: _____ Surname: _____

Residential Address: _____

Postal Address: _____

Email: _____ Date of Birth: _____

Work / Home Phone: _____ Mobile: _____

Second Contact Name: _____ Phone: _____

DETAILS OF DOG:

Name: _____ Microchip No: _____ Sterilised: Yes / No

Breed: _____ Colour: _____ Sex: Male / Female

Premises where the dog will ordinarily be kept: _____

Purpose for Dog: Home / Work

*Pensioners who have approved concession cards are entitled to a 50% discount

***Proof of sterilisation and microchipping is required.** If your dog is not sterilised or microchipped an exemption letter from your vet must be provided with this application.

FEES	Non- Working dogs			Working dogs		
	1 Year	3 Years	Lifetime	1 Year	3 Years	Lifetime
Sterilised	\$20.00	\$42.50	\$100.00	\$5.00	\$10.65	\$25.00
Unsterilised*	\$50.00	\$120.00	\$250.00	\$12.50	\$30.00	\$62.50

DECLARATION

I declare that I am over the age of eighteen (18) years, and that the particulars shown in this application are true to the best of my knowledge and belief.

Signature

Date

OFFICE USE ONLY

Tag #: _____ Received by: _____ Signature: _____

Pension Card Sighted Microchip & Sterilisation Proof Attached EXPIRY DATE: _____



REGISTRATION CERTIFICATE

OWNER: _____ DATE: _____

DOG NAME: _____ SEX: Male / Female

BREED: _____ COLOUR: _____

MICROCHIP No: _____ STERILISED: Yes / No

Signature of Registration Officer: _____

REGISTRATION NO: _____ EXPIRY: 31 OCT _____