



Dog/Cat Registration Form

Application Date	__/__/__	Year		
Applicant Details	Full name			
	Date of Birth	Drivers Licence #		
	Residential address	Suburb	State	Postcode
		Postal address	Suburb	State Postcode
	Telephone			
	Email	<input type="checkbox"/> All Correspondence to be emailed		
Alternative Contact (compulsory)	Name:	_____		
	Phone:	Mobile: _____	Work: _____	
Address (at which the animal is kept)	<input type="checkbox"/> As above	Details if different:		
	<input type="checkbox"/> Different (please state)			
Details of Animal	Name			
	Registration Type	<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other _____		
	Breed			
	Year of Birth/Age	Month _____	Year _____ /Age _____	
	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Desexed	<input type="checkbox"/> No <input type="checkbox"/> Yes (copy of veterinarian certificate required)		
	Colour/s			
	Any other distinguishing features or marks			
	Permanent Identification Number (PID) / Microchip	<input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent Identification Number (PID) / Microchip	
Animal Owner Signature	_____	Date _____		

OFFICE USE ONLY

Receipt of Form	Signature: _____	Date: _____	Tag No.: _____
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Document Name: Registration Form – Dog Cat	Doc No: FRM-015	Date of Issue: 19/01/2021
Owner: Communities	Authorised By: Superintendent	Next Review Due: