



DOG REGISTRATION FORM

This application is valid between July 1st and June 30th

Type of Application (please ✓ box)				
<input type="checkbox"/>	New Application		<input type="checkbox"/>	Renewal Application
Dog Owner Details				
Full name				
Street address				
Postal address				
Contact number				
Email address				
Authorised Agent Details (only complete if applicable)				
Full name				
Street address				
Postal address				
Contact number				
Details of Dog				
Dog Name:	Breed:	Age:	Gender:	Colour / Markings:
Desexed:	Microchip No:	Tag No.	Amount Paid:	Receipt No.

PLEASE NOTE: Proof of sterilisation is required unless this has previously been supplied to the West Arnhem Regional Council.

DECLARATION: I declare that the particulars shown in this application, to the best of my knowledge, is true and correct and I agree to comply with the Animal Management provisions in accordance with the West Arnhem Regional Council (Jabiru Town) By-Laws 2024.

Name of Dog Owner / Authorised Agent	Signature of Dog Owner / Authorised Agent
Signature of Registration Officer	Date of Registration