



Dog/Cat Registration Form

Application Date	_ _ / _ _ / _ _	Registration Year
Applicant Details	Full name	
	Date of Birth	Drivers Licence #
	Residential address	
		Suburb State Postcode
	Postal address	
		Suburb State Postcode
Telephone		ID
Email		
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"/> Yes <input type="checkbox"/> No
	Colour	
	Any other distinguishing features or marks	
	Permanent Identification Number (PID) / Microchip	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Permanent Identification Number (PID) / Microchip </div>	
Animal Owner Signature	_____	Date _____

OFFICE USE ONLY

Receipt of Form	Signature: _____	Date: _____	Tag No.: _____
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J://Forms Templates/2 Local Laws/Animals/Registration/FRM_015

Document Name:	Doc No: FRM-000	Date of Issue:
Owner:	Authorised By: Superintendent	Next Review Due: