



Tax Invoice when received. GST Reg No. 50-020-339

* Dog Owners FULL Name and Postal Address:

Surname -
Given Names -
Address -

*Owner's Date of Birth: _____

Address of Dog if different from Postal Address:

**** All Dogs over the age of 3 months must be registered ****

Dog Name & Microchip No.	Colour	Breed	Age	Sex	Type	Animal No.	Tag No	Dog Fee
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Office use only

Record particulars of additional dogs on supplementary sheet

A permit may be required to keep more than 3 dogs on a property. Please visit our website www.waitaki.govt.nz or contact us for further information

TOTAL FEE
(INCL GST)

Receipt No.

* *Indicates required field*

Cash/Cheque/EFT/Credit

* Date of Application: _____

Home Ph: _____

* At least one contact

Work Ph: _____

number must be

Mobile Ph: _____

shown.

* Signature _____

Email: _____



Dog Owner Name and Address

Dog Name

Tag No.

Owner No. _____

Total Paid (incl GST) \$ _____

Receipt No. _____

Supplementary Sheet

Particulars of Additional Dogs

Dog Name & Microchip No.	Colour	Breed	Age	Sex	Type	Animal No.	Tag No	Dog Fee
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Office use only

TOTAL FEE
(INCL GST)

Receipt No.

Dogs Sold or Disposed of During the Year

Dogs Name	Dead	Sold to	Address