

Waitaki District Council New Owner for Dog Registration

Main Office 20 Thames Street P O Box 50058 Oamaru Ph 03 433 0300 Waihemo Service Centre 54 Tiverton Street Palmerston, Otago Ph 03 465 1111

Ph 03 433 0300 Email: service@waitaki.govt.nz

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

* Dog Owners FULL Name and I	Postal Address:		*Owne	r's Date	of Birth	n:		
Surname - Given Names -			Add	ress of	Dog if d	lifferent from	n Postal Ac	ldress:
Address -								
Address -								
**	All Dogs over th	ne age of 3 m	onths mu	ıst be re	egistered	! **		
Dog Name & Microchip No.	Colour	Breed	Age	Sex	Туре	Animal No.	Tag No	Dog Fee
						Offic	ce use only	,
Record particulars of ac	Iditional dogs on	supplementary	sheet			TOTAI (INCL		
A permit may be required Please visit our website we further information	to keep more tha	an 3 dogs on a nz or contact ι	property. s for			Recei	ot No.	
* Indicates required field						Cash/Chequ	ue/EFT/Cred	dit
•		Home	Dh:			•		
						* At least one contac		
* Date of Application:		Work						
* Claracture			Mobile Ph: Email:				shown.	
* Signature		Eiliali.						
Waita DISTRIC TE KAUNIHERA Å ROHE Dog Owner Name and Addre	T COUNCIL O WAITAKI		Dog N	ame			Tag No	D.
Owner								

Total Paid (incl GST) \$

Receipt No.

No.

Supplementary Sheet

Particulars of Additional Dogs

Dog Name & Microchip No.	Colour	Breed	Age	Sex	Туре	Animal No.	Tag No	Dog Fee
						Office	e use only	
						TOTAL (INCL (
						Receip	ot No.	

Dogs Sold or Disposed of During the Year

Dogs Name	Dead	Sold to	Address	