

DECLARATION FOR DOG DEATH

Pursuant to the Dog Control Act 1996 I hereby confirm :

Name: _____

Current Address: _____

Phone (Hm) _____ (Mob) _____ (Wk) _____

Fax _____ (E-Mail) _____

Dog Name: _____ Breed: _____

Colour: _____ Sex: _____

Tag No: _____ Expiry Date: _____

Microchip Number: _____

Date of death: _____ Refund requested: Yes/No

Bank account number for refund: _ _ / _ _ _ _ / _ _ _ _ _ _ / _ _

Name of bank: _____

Account Holders Name: _____

I HEREBY DECLARE THAT I AM THE LEGAL OWNER OF THE ABOVE DOG(S)

I understand that making a false statement in this application, may make me liable upon conviction to a fine not exceeding \$3,000.00
(Dog Control Act 1996, Section 41)

Signature: _____

Date: _____

Office Use:

NAR _____ Officer _____

AN _____ Date _____

Remit to: Animal Care & Control Unit
Private Bag 3010
Hamilton 3240