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Local Law No. 2 (Animal Management) 2019	<b>Application for Registration/ Renewal of Registration/ Change of Details of Registration of Dog</b>
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<b>Application Date</b>	_ _ / _ _ / _ _		
<b>Application Type</b>	<input type="checkbox"/> New registration <input type="checkbox"/> Renewal of registration <input type="checkbox"/> Change of registration information		
<b>Owner Details</b>	Full name: Residential address: Town: State: Postcode: Postal address: <input type="checkbox"/> As above Town: State: Postcode: Contact Telephone: Email: Pensioner: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Details of Animal</b>	Name: Registration Type: <input type="checkbox"/> Dog Breed: Year of Birth/Age: Month: Year: Age: Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Desexed <sup>1</sup> : <input type="checkbox"/> Yes <input type="checkbox"/> No Colour: Any other distinguishing features or marks: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none; padding: 5px;">           Permanent Identification Number (PID) / Microchip:  <input type="checkbox"/> Yes <input type="checkbox"/> No  <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">             Permanent Identification Number (PID) / Microchip  </div> </td> <td style="width: 40%; border: none; padding: 5px;">           Registration Number:  <input type="checkbox"/> Yes <input type="checkbox"/> No            .....         </td> </tr> </table>	Permanent Identification Number (PID) / Microchip: <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">             Permanent Identification Number (PID) / Microchip  </div>	Registration Number: <input type="checkbox"/> Yes <input type="checkbox"/> No .....
Permanent Identification Number (PID) / Microchip: <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">             Permanent Identification Number (PID) / Microchip  </div>	Registration Number: <input type="checkbox"/> Yes <input type="checkbox"/> No .....		

<sup>1</sup> If the dog is desexed, a veterinary surgeon's certificate must be attached to the application.

<b>Address (at which the dog is kept)</b>	Address: <input type="checkbox"/> As above <input type="checkbox"/> Place of Business (Please State)	
	Town:	State: Postcode:
	If the dog is to be kept at a building which is primarily used for the undertaking of a business or commercial purpose, then the dog owner occupies the commercial building as the principal place of business of the owner.	
	<b>Commercial Business Owner's Consent:</b> I, as the owner of the commercial business, have no objection to this application and give my consent for the dog to be kept at the place of business. Name: ..... Owner's signature ..... Date .....	
<b>Regulated Dogs only</b>	<input type="checkbox"/> Restricted(Restricted Dogs only) <input type="checkbox"/> Dangerous Dog <input type="checkbox"/> Menacing Dog Permit number:	
<b>Declaration</b>	I apply for the registration of the dog described above and declare that the particulars are correct in every detail and that I have read the Council's terms and conditions. Applicant's signature ..... Date .....	
<b>Office Use Only</b>		
Date received:	<input type="checkbox"/> Registration fee paid	<input type="checkbox"/> Additional information required
<input type="checkbox"/> Registration valid from << insert date >>	Date of approval:	<input type="checkbox"/> Veterinary surgeon's certificate attached if dog desexed