



**District Office**  
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# Replacement Tag Request

Dog Control Act 1996, Section 46 (3) (4)

*Full Name		
*Postal Address		
Residential Address (if different from postal)		
Home Phone:	Work:	Mobile:
Date of Birth:	Email Address:	
Your date of birth is required to enable you to be distinguished from other person with the same name. Certainty of identification is required in the enforcement of the provisions of the Dog Control Act 1966.		

DOG PARTICULARS	DOG 1	DOG 2
<b>PREVIOUS</b> Tag number (please attach tag to application)	(Year) / (Number) /	(Year) / (Number) /
<b>REPLACEMENT</b> Tag Number	(Year) / (Number) /	(Year) / (Number) /
Age of dog	(Years) / (months) /	(Years) / (Months) /
Breed		
Colour		
Gender	Male      Female	Male      Female
Distinguishing marks / or tattoos? (please describe)		
Is dog desexed? (if YES please provide original certificate)	Yes      No	Yes      No
Microchip Number (please provide an original certificate )		
<b>GST NO.52-054.982</b> A tax invoice will be issued when paid	<b>TOTAL DUE (GST INCLUSIVE)</b>	\$

**DECLARATION**, I hereby .....confirm that the above information relating to the dog(s) in my care is correct, and that I do not own, nor have in my possession, any unregistered dog over the age of three months. I understand my obligation as a dog owner. (see overleaf)

## OFFICE USE ONLY

Amount Paid:\$	Date Paid:	Receipt no:	
ANI#	ANI#	Name Ctr:	PROP#      Policy: