



Application for Name and Address of Registered Owner of Dog

Animal Control

Form No: 008

Please Use Printed Block Letters

Application is made to the Far North District Council for the disclosure of the name and address of the registered owner of the following dog:

Dog Particulars

Particulars	Dog 1	Dog 2	Dog 3
Animal Reference (State if known)			
Tag Number (State if known)	(Year) / (Number) /	(Year) / (Number) /	(Year) / (Number) /
Dogs Name			
Breed (Predominant and Secondary only)	(Predominant) / (Secondary) /	(Predominant) / (Secondary) /	(Predominant) / (Secondary) /
Colour / Distinguishing Marks			
Sex M = Male F = Female	M / F (Circle one)	M / F (Circle one)	M / F (Circle one)
Neutered Y = Yes N = No	Y / N (Circle one)	Y / N (Circle one)	Y / N (Circle one)
Age of Dog	(Years) / (Months) /	(Years) / (Months) /	(Years) / (Months) /
Microchip number or Dog Tattoo details			

The information is required by me for the purpose of: [describe]	
Name of applicant:	
Applicant's address:	

NOTE: You are required to provide your name, address, and the purpose for which you require the information because Section 35 of the Dog Control Act 1996 prohibits a territorial authority from supplying the information unless it is satisfied of the identity of the applicant and that the information is required for one of a limited number of purposes specified in that section. The territorial authority may keep a record of your application.

Signature of Applicant:	Date:
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For Use by Territorial Authority

Means of identification of applicant produced to the Far North District Council:

Application: Accepted / Denied

CSO	Branch	Date
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Comments: