

SHIRE OF GOOMALLING

Office Address: 32 Quinlan Street, Goomalling Postal Address: PO Box 118, Goomalling WA 6460 Telephone: (08) 9629 1101 Email: goshire@goomalling.wa.gov.au

DOG REGISTRATION APPLICATION FORM	
I	(owner) D.O.B/
of	(Address)
the owner/as the duly authorised agent of the owner of the dogs, particulars of which are listed in this application, declare that - (a) I am/the owner is not under 18 years of age; and (b) the particulars shown on this application are true to the best of my knowledge and belief; and I certify that means exist on the premises at which the dog will ordinarily be kept for effectively confining the dog within those premises.	
Name of Dog Is	this a Declared Dangerous Dog YES NO
Age	
Sex	
Sterilised NO YES (proof must be sighted)	
Microchip Number	
Colour & Distinguishing Marks	
Breed of Dog	
Concession Number:	Exp Date: / / □ card sighted
Postal Address	
Premises where dog will ordinarily be kept	
Home Number	
Mobile Number	
Term of Registration	rs 🗌 Life
Signature:	
FOR OFFICE USE ONLY FEES PAYABLE	
Sterilised Dog ☐ 1 year \$20.00 ☐ 3 years \$42.5	50 □LIFE \$100.00
Unsterilised ☐ 1 year \$50.00 ☐ 3 years \$120	<u> </u>
Concessions: 50% discount Pensioners 75% discount Working Dogs 50% discount Registrations after 31 May (1 year only)	
Date of Issue:/	Tag Number:
Registration Valid until/	Signature of registration officer: