

Animal Registration Form From 10 April 2022

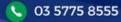
Personal Details				Assess No:
Given Name/s:		Surname:		DOB:
Residential Address:		Suburb:		Post Code:
Postal Address:		Suburb:		Post Code:
Mobile:	Home:		Work:	
Email:				
Pension concession card number:			Expiry date:	
Emergency Contact Name:			Phone No:	
Animal Details		I would like to receive Renewa	al Notices via:	Post Email
ANIMAL 1 - Dog	Cat			
Name:	DOB/Age:	Sex: M / F	Desexed: Y	/ N
Breed:	Colour:	Microchip No:		
Code:	Fee: \$	Lifetime Tag No:		
Address where animal	is kept 🔲 Tick if same as resi	dential address:		
ANIMAL 2 – Dog	Cat			
Name:	DOB/Age:	Sex: M / F	Desexed: Y	/ N
Breed:	Colour:	Microchip No:		
Code:	Fee: \$	Lifetime Tag No:		
Address where animal	is kept 🔲 Tick if same as resi	dential address:		
Please ensure your ap the required supporting Failure to supply all red	quired documentation will dela dication and your animal will re	y Caracter of the Caracter of	tificate (or con ansfield Shire n previous coun cession Card (nfirmation of appointment) Council (proof of current ncil) (health care card not
		C+	d Cada 6	Canacasian Cada

ANIMAL REGISTRATION FEES	Standard	Code	Concession	Code
Desexed Dog/Cat	\$45.00	ı	\$22.00	J
Desexed Dog/Cat (first registered prior to 11 April 2007 not microchipped)	\$45.00	С	\$22.00	Q
Dog/Cat over 10 years	\$45.00	D	\$22.00	R
Dog/Cat registered with applicable organisation	\$45.00	Н	\$22.00	Р
Dog under obedience training (approved organisation)	\$45.00	G	\$22.00	0
Dog/Cat kept for breeding by registered Domestic Animal Business	\$45.00	F	\$22.00	Р
Dog kept for working stock	\$30.00	Е	\$15.00	N
Entire Dog/Cat	\$165.00	A5	\$85.00	В
Dangerous Dog, Menacing Dog or Restricted Breed Dog	\$320.00	М	Not applicabl	е

High Country, Lakes and Rivers

ABN 74 566 834 923













CONCESSION ELIGIBLITY

If you wish to claim a Concession, you must supply proof of one of the following current cards:

- * Centrelink pension card
- * Department of Veteran Affairs pension card

NOTE: A Health Care Card is not acceptable

REDUCED FEE

For entitlement to reduced registration fees the owner of the animal must produce proof of sterilisation or membership of an applicable organization* or current concession card.

METHODS OF PAYMENT

MAIL		IN PERSON
Mail with payment to:		
Mansfield Shire Council		Present form intact at Council office:
Private Bag 1000		resent form intact at Gouncii office.
Mansfield, Vic 3724		33 Highett Street
Cheques should be made payable to		Mansfield Vic 3722
'Mansfield Shire Council'.		Wallollold VIO 0722
Receipts will be issued for mailed payments when		
requested.		

Registration is not valid unless signature of owner appears below. Under the Domestic Animals Act 1994 where the owner is under 18 years of age, "owner" means a parent or guardian. Under the provisions of the Domestic Animals Act 1994 it is an offence to knowingly provide false information.

DECLARATION

I ————————————————————————————————————	(address)						
being the owner, or <u>Agent of the owner</u> (DOB <u>//</u>) and ID# Type of the dog/cat(s) described within this application and							
(tick) declare that the dog(s) in this application have been correctly indicated as to whether they are restricted breed. (Restricted breeds are: Pit Bull Terrier, Fila Brasileiro, Dogo Argentino, Japanese Pressa Canario or Presa Canario)							
(tick) declare that the dog(s) identified in this application are correctly indicated as to whether they are a menacing, dangerous or restricted breed dog(s).							
(tick) declare that the information provided is true and correct and make this declaration on the understanding that a person supplying false information is liable to prosecution under the Domestic Animals Act 1994.							
Signature: Date:							
Note: APPLICABLE ORGANISATIONS are: Australian National Cats Inc., Dogs Victoria, Feline Control (Inc., The Governing Council of the Cat Fancy Australia and Victoria Inc., Master Dog Breeders & Associat OFFICE USE ONLY							
Date: Assess Number: Assess Number:							
New Tag Number/s: Dog/Cat Name/s:							
CREDIT CARD PAYMENT							
I would like to pay the amount of \$ by VISA MASTERCARD							
Credit Card Number:							
Expiry Date:							
Cardholder Name: Signature:							