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Dog Registration Renewal - First and Final Notice

| FIRST AND FINAL NOTICE |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| DOG REGISTRATION RENEWAL |  |  |  |  |  |  |  |
| Owner Details: | TAX INVOICE <br> DATE OF ISSUE: <br> CURRENT YEAR: <br> PAYMENT DUE: 31 October (Every year) |  |  |  |  |  |  |
| TAG NUMBER | DOGS NAME | SEX | BREED | COLOUR/MARKINGS | AGE <br> Y:M | STERILISED | MICROCHIP <br> NUMBER |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

REASON FOR CANCELLATION/NOT RENEWING REGISTRATION:
DEATH OF DOG $\square$ LEFT DISTRICT $\square$ Please advise transferred to

| FEES PAYABLE | UNSTERILISED DOG/ BITCH | $\$ 50$ (1 Year) | $\$ 120$ (3 Years) | \$250 (Lifetime) |
| :--- | :--- | :--- | :--- | :--- |
|  | STERILISED DOG / BITCH | $\$ 20(1$ Year) | $\$ 42.50(3$ Years) | $\$ 100$ (Lifetime) |
|  | WORKING DOGS | $1 / 4$ OF REGISTRATION FEE |  |  |
|  | PENSIONERS | $1 / 2$ OF REGISTRATION (Card/s must be sighted) |  |  |


| PLEASE COMPLETE ONLY IF YOU ARE NEW OWNER OR CHANGED ADDRESS |  |  |  |  |
| :--- | :--- | :--- | :--- | :---: |
| FIRST NAME: |  |  |  |  |
| ADDRESS: |  | SURNAME: |  |  |
| CONTACT NO: |  | DOB: |  |  |

## REMITTANCE ADVICE

NAME:
(please tick appropriate)

| DOG NAME | OLD TAG NUMBER | 1 YEAR | 3 YEARS | LIFETIME | TOTAL |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


| VISA OR MASTERCARD AMOUNT: $\$ \mathrm{EXP}$ |  |
| :--- | :--- |
| CARD NUMBER: | EXPIRY DATE: |
| CARDHOLDERS NAME: | CCV: |
| SIGNATURE: |  |

## I (PRINT NAME)

$\qquad$ as the duly authorised agent/owner of the dog's particulars that are listed on this form, declare that the owner is 18 years or over and the details listed on this form are true to the best of my knowledge and belief. I certify that the purposes of Section 16 (1a) of the Dog Act 1976 that means exist of effectively confining the dog within the premises at which the dog will be kept.
OWNER $\quad \square$ OR AGENT $\square$

DECLARATION SIGNATURE:

