



Animal Control – Notification of Change

Pursuant to S.34 and S.48 Dog Control Act 1996

CURRENT OWNER DETAILS							
Owner Numbe	r:						
Date of Birth:							
Name:							
Mailing Address:							
Location Address:							
Phone Number:							
DOG/S DETAILS							
Tag No.	Name of Do	g	Breed		Colour	Sex	
Change Of Address - New Address Mailing Address: Location Address: Phone Number:							
Change C	of Ownership						
New Ow	ner Number:	(If appl	icable)				
Date Bir	Date Birth:						
Name:							
	Address:						
	n Address:						
Phone N	lumber:						
Notification Of Deceased Dog/Request For Refund Of Registration Fee							
Date dog passed away (approximate date if unsure):							
Please credit my account with any registration fee refund							
Account Number							

PLEASE SIGN OVERLEAF

The personal information that you provide in this form will be held and protected by Buller District Council in accordance with our privacy policy (available at bullerdc.govt.nz/privacy and at council libraries and service centres) and with the Privacy Act 2020. Council's privacy policy explains how we may use and share your personal information in relation to any interaction you have with the council, and how you can access and correct that information. We recommend you familiarise yourself with this policy



	Signature		 Date
OFFICE USE ONLY			 Date Date
OFFICE USE ONLY		Refund Amount:	 Computer records
		Refund Amount: Date of receipt	
Tag Number	,		 Computer records
Tag Number Receipt	,	Date of receipt	Computer records
Tag Number Receipt	ayment	Date of receipt	Computer records
Tag Number Receipt	,	Date of receipt	Computer records updated
Tag Number Receipt	ayment	Date of receipt	Computer records updated