

Animal Control – Notification of Change

Pursuant to S.34 DCA 1996

CURRENT OWNER DETAILS

Owner Number: _____

Date of Birth: _____

Name: _____

Mailing Address: _____

Location Address: _____

Phone Number: _____

DOG/S DETAILS

Tag No.	Name of Dog	Breed	Colour	Sex

☐

Change Of Address - New Address

Mailing Address: _____

Location Address: _____

Phone Number: _____

☐

Change Of Ownership

New Owner Number: *(If applicable)* _____

Date Birth: _____

Name: _____

Mailing Address: _____

Location Address: _____

Phone Number: _____

Change Reason: _____

☐

Additional Owner:

Date Birth: _____

Name: _____

Mailing Address: _____

Location Address: _____

Phone Number: _____

☐**Notification Of Deceased Dog/Request For Refund Of Registration Fee**

- ☐ Please credit for future dog registrations
- ☐ Please credit my BDC debtor account with any credit: _____
- ☐ Please credit my bank account with any registration fee refund

Account Number: _____

MUST PROVIDE

- **Deceasing certificate required**
- **Refunds (if applicable) apply from the time of notification on the prescribed form**
- **Provide proof of bank account**

Print name

Signature

Date

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

