

## 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](http://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