## **Animal Registration Change of Details**



| Animals Details  |                    |                |        |  |  |  |  |  |
|--|--------------------|----------------|--------|--|--|--|--|--|
| 1) Tag No:   | Breed:             |                | Name:  |  |  |  |  |  |
| 2) Tag No:   | Breed:             |                | Name:  |  |  |  |  |  |
| 3) Tag No:   | Breed:             |                | Name:  |  |  |  |  |  |
|  |                    |                |        |  |  |  |  |  |
| Notice of Change (please tick)   |                    |                |        |  |  |  |  |  |
| ☐ Change of Address  |                    |                |        |  |  |  |  |  |
| ☐ Change to Animal Ownership   |                    |                |        |  |  |  |  |  |
| ☐ Animal now deceased  |                    |                |        |  |  |  |  |  |
| ☐ Animal now sterilised (Certificate must be attached) ☐               |                    |                |        |  |  |  |  |  |
| ☐ Cancel Kalamunda Animal Registration:                                |                    |                |        |  |  |  |  |  |
| Animal registered toCouncil  |                    |                |        |  |  |  |  |  |
| ☐ Animal microchipped:   |                    |                |        |  |  |  |  |  |
|  |                    |                |        |  |  |  |  |  |
| CURRENT OWNER'S PARTICULARS (one owner only, must be 18 years or over) |                    |                |        |  |  |  |  |  |
| Title: Mr / Mrs / Ms / Miss  |                    | Date of Birth: |        |  |  |  |  |  |
| Surname:   |                    | First:         |        |  |  |  |  |  |
| Current address:   |                    |                |        |  |  |  |  |  |
| Email:   |                    |                |        |  |  |  |  |  |
| Home:  | Work:              | M              | obile: |  |  |  |  |  |
|  |                    | <b>'</b>       |        |  |  |  |  |  |
| Owner's Signature Required for all changes                             |                    |                |        |  |  |  |  |  |
| Owner's Signature Require  | ed for all changes |                |        |  |  |  |  |  |

| Change of Address  |       |                 |         |       |  |  |  |  |
|--|-------|-----------------|---------|-------|--|--|--|--|
| Previous Address:  |       |                 |         |       |  |  |  |  |
| New Address:   |       |                 |         |       |  |  |  |  |
|  |       |                 |         |       |  |  |  |  |
| DELEGATE PARTICULARS (must be 18 years or over)            |       |                 |         |       |  |  |  |  |
| Title: Mr / Mrs / Ms / Miss                                |       | Date of Birth:  |         |       |  |  |  |  |
| Surname:   |       | First:          |         |       |  |  |  |  |
| Current address:   |       |                 |         |       |  |  |  |  |
| Email:   |       |                 |         |       |  |  |  |  |
| Home:  | Work: |                 | Mobile: |       |  |  |  |  |
|  |       |                 |         |       |  |  |  |  |
| NEW OWNER'S PARTICULARS/ADDRESS (must be 18 years or over) |       |                 |         |       |  |  |  |  |
| Title: Mr / Mrs / Ms / Miss                                |       | Date of Birth:  |         |       |  |  |  |  |
| Surname:   |       | First:          |         |       |  |  |  |  |
| Current address:   |       |                 |         |       |  |  |  |  |
| Email:   |       |                 |         |       |  |  |  |  |
| Home:  | Work: |                 | Mobile: |       |  |  |  |  |
|  |       |                 |         |       |  |  |  |  |
| New Owner's Signature Required for all changes             |       |                 |         |       |  |  |  |  |
| Animal Owner's Signature:                                  |       |                 |         | Date: |  |  |  |  |
|  |       |                 |         |       |  |  |  |  |
| Bank Details for Sterilisation Refund                      |       |                 |         |       |  |  |  |  |
| Account Name :   |       |                 |         |       |  |  |  |  |
| BSB:   |       | Account Number: |         |       |  |  |  |  |
|  |       |                 |         |       |  |  |  |  |
| Office Use Only – Ranger Services                          |       |                 |         |       |  |  |  |  |
| Updated by:  |       | Date:           |         |       |  |  |  |  |