



□ New Dog Registration

□ Transfer to SODB

Please note that an original or certified copies of the dog's Microchip Registration and Certificate of Sterilisation (if applicable) must be submitted with this form. **If you are transferring your pet, you will need to update the dog's Microchip details prior to submitting this form.**

If this is a Transfer, please name the previous local government they were registered to:

OWNER DETAILS					
□ Mr □ Mrs □ N	As 🗆 Miss	Surname:			
Given Name (s):					
Desideratial Address.					
Residential Address: T	ownsite:	wnsite:		Postcode:	
Postal Address:					
(if different from above) T	ownsite:		Postcode:		
D.O.B:			Phone #:		
Email:			Home #:		
ALTERNATIVE/EMERGE		ETAILS			
□ Mr □ Mrs □ N	As 🗆 Miss	Surname:			
Given Name (s):			Phone #:		
DOG DETAILS					
Name:			Sex:	□ MALE	□ FEMALE
Age:	years	months	Breed:		
Colour/Markings:					
Sterilised? I Y I N Microchip (15 digits):					
Is the animal listed above to be kept at the owner's address			5?	□ YES	□ NO
If not, please provide the					
appropriate address:	Townsite:			Postcode:	

Please continue providing your dog's details on the next page of this form.

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🜐 www.donnybrook-balingup.wa.gov.au 🖂 shire@donnybrook.wa.gov.au

Shire of Donnybrook Balingup

Dog Registration Form

Shire of Donnybrook Balingup, Dog Act 1976 and Animal Welfare Act 2002 DREG.V.24.1

Are there effective means for confining the dog to the premises it is kept?	□ YES	□ NO
Is the dog to be used for breeding?	□ YES	□ NO
Is the dog to be used as a working dog?	□ YES	□ NO
	_	

If yes, please briefly outline the task(s) it will perform below or attach a separate page.

Please ensure you have completed a Statutory Declaration as per the WA Oaths, Affidavits and Statutory Declarations Act 2005. Forms are available at the Shire Administration Office.

Is the dog to be kept as a Commercial Security Dog?			□ YES	□ NO
If yes, please provide the organisation details:	Name:			
	Contact #:			
	Address:			
		Townsite:	Postcode:	
Has the dog been declared as a Dangerous Dog?		□ YES	□ NO	

If yes, please provide details below or attach a separate page with the information.

Is the dog a restricted breed?			□ YES	□ NO
If yes, please provide the breeder's details:	Name:			
	Contact #:			
	Address:			
		Townsite:	Postcode:	

OWNER DECLARATION

I, the owner named in this form, declare that I am over the age of 18, and that the information provided in this form is accurate and true to the best of my knowledge. By signing, I also confirm that I have *not* been convicted of an offence under the *Dog Act 1976, Dogs Local Act 2017,* or *Animal Welfare Act 2002* within the past three (3) years. I understand that these acts alongside the Shire of Donnybrook Balingup *Local Laws* apply to this application.

Signature:		Date:	
OFFICE USE ONLY:			
Date received & who by:			
Receipt #:	Tag #:	Assess. #:	

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