

Phone: 07 4621 8000 Fax: 07 4655 3131

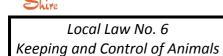
email: council@bulloo.qld.gov.au

ABN 77 018 448 039

The Chief Executive Officer

PO Box 46

THARGOMINDAH QLD 4492



Application for Registration/ Renewal of Registration/ Change of Details of Registration of Cat or Dog

Application	/ /				
Date					
Application Type	☐ New registration ☐ Renewal of information	of registration	Change of registration		
Owner Details	Full name				
	Residential address				
		Suburb	State Postcode		
	Postal address	As above			
	Contact Telephone				
	Email				
	Pensioner	Yes N	No		
Details of Animal	Name				
	Registration Type	☐ Cat ☐ Dog			
	Breed				
	Year of Birth/Age	Month	Year /Age		
	Sex	Male I	Female		
	Desexed ¹	Yes No			
	Colour				
	Any other distinguishing features or marks				
			Registration Number: Yes No		

 $^{^{1}}$ If the cat/dog is desexed, a veterinary surgeon's certificate must be attached to the application.

Address (at which the cat/dog is kept)	Address As above Different (p	olease state)				
Regulated Dogs only	Restricted	ed Dog Dangerous Dog Menacing Dog				
	Permit number: (Restricted Dogs only)					
Declaration	I apply for the registration of the dog/cat described above and declare that the particulars are correct in every detail and that I have read the Council's terms and conditions. Applicant's signature					
Office Use Only						
Date received:		Registration fee pai	d	Additional information required		
Registration valid from << insert date>>		Date of approval:		☐ Veterinary surgeon's certificate attached if cat/dog desexed		