

<h2 style="margin: 0;">CHANGE OF INFORMATION FOR DOG REGISTRATION</h2> <p style="margin: 0;"><i>Animal Management (Cats and Dogs) Act 2008 Section 55</i></p>																																									
<b>EXISTING OWNER DETAILS</b> (* compulsory fields)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Current Registered Owners Name *</td> <td style="width: 40%; padding: 5px;">Animal Name * _____</td> </tr> <tr> <td style="padding: 5px;">_____</td> <td style="padding: 5px;">Animal Tag No * _____</td> </tr> </table>	Current Registered Owners Name *	Animal Name * _____	_____	Animal Tag No * _____																																				
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<b>CHANGE OF INFORMATION</b>	<p><b>What would you like to do? *</b></p> <p><input type="checkbox"/> Request new Registration Tag – Complete Section 1</p> <p><input type="checkbox"/> Notify that the dog is now deceased – Complete Section 2</p> <p><input type="checkbox"/> Notify that the dog is now desexed– Complete Section 3</p> <p><input type="checkbox"/> Change of address for dog ONLY – Complete Section 4</p> <p><input type="checkbox"/> Change my contact details – Complete Section 5</p> <p><input type="checkbox"/> Provide details of the dog's new owner– Complete Section 6</p>																																								
No fee required when damaged tag is presented	<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #c6e0b4; text-align: left; padding: 5px;">Section 1. REPLACEMENT TAG</th> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Damaged tag presented</td> <td style="padding: 5px;"><input type="checkbox"/> Replacement fee paid</td> </tr> </table>	Section 1. REPLACEMENT TAG		<input type="checkbox"/> Damaged tag presented	<input type="checkbox"/> Replacement fee paid																																				
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New details of existing owner	<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="background-color: #c6e0b4; text-align: left; padding: 5px;">Section 5. CHANGING CONTACT DETAILS – SAME OWNER</th> </tr> <tr> <td style="padding: 5px;">Pension Card Number</td> <td colspan="3" style="padding: 5px;"><input type="checkbox"/> Pension Card copy provided</td> </tr> <tr> <td colspan="4" style="padding: 5px;">Owners Name *</td> </tr> <tr> <td style="padding: 5px;">Drivers Licence Number</td> <td colspan="3" style="padding: 5px;">State of Issue</td> </tr> <tr> <td colspan="4" style="padding: 5px;">Residential Address *</td> </tr> <tr> <td style="padding: 5px;">Locality/Town *</td> <td style="padding: 5px;">State *</td> <td colspan="2" style="padding: 5px;">Postcode *</td> </tr> <tr> <td style="padding: 5px;">Postal Address * <input type="checkbox"/> As above</td> <td colspan="3" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Locality/Town</td> <td style="padding: 5px;">State</td> <td colspan="2" style="padding: 5px;">Postcode</td> </tr> <tr> <td style="padding: 5px;">Phone Number *</td> <td colspan="3" style="padding: 5px;">Mobile Number</td> </tr> <tr> <td colspan="4" style="padding: 5px;">Email *</td> </tr> </table>	Section 5. CHANGING CONTACT DETAILS – SAME OWNER				Pension Card Number	<input type="checkbox"/> Pension Card copy provided			Owners Name *				Drivers Licence Number	State of Issue			Residential Address *				Locality/Town *	State *	Postcode *		Postal Address * <input type="checkbox"/> As above				Locality/Town	State	Postcode		Phone Number *	Mobile Number			Email *			
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<p>Details of new owner, if known.</p> <p>New owner must be at least 18 years of age.</p> <p>Application for Dog Registration form is required to complete transfer of registration within Banana Shire.</p>	<b>Section 6. NEW OWNER</b>		
	Pension Card Number	<input type="checkbox"/> Pension Card copy provided	
	Owners Name *	Date of Birth * / /	
	Drivers Licence Number	State of Issue	
	Residential Address *		
	Locality/Town *	State * Postcode *	
	Postal Address * <input type="checkbox"/> As above		
	Locality/Town	State Postcode	
	Phone Number *	Mobile Number	
	Email *		
<b>DECLARATION</b> PLEASE READ AND SIGN	<p><i>I declare that the information provided by me is complete, true and correct in every detail. I understand that it is an offence under section 204 of the Animal Management (Cats and Dogs) Act 2008 to provide false and/or misleading information that I know is false and/or misleading.</i></p> <p><b>Signature</b> <span style="float: right;"><b>Date</b></span></p>		
<b>PRIVACY NOTICE</b>	<p>Banana Shire Council is collecting your personal information to process your application. The information will not be disclosed to any other person or agency external to Council without your consent, unless required by or authorised by law. Personal information will be handled in accordance with the <i>Information Privacy Act 2009</i></p>		
<b>PAYMENT METHODS</b>	<p><b>Please note: This form must be completed, signed and lodged with Council.</b></p> <p><b>Lodgement can be made by the methods below:</b></p> <p><b>IN PERSON AT COUNCIL OFFICES -</b></p> <p>Biloela - 62 Valentine Plains Road Moura - 43 Gillespie Street located at Youth Centre Taroom - 18 Yaldwyn Street</p> <p><b>BY MAIL -</b> To Council's postal address: PO Box 412, BILOELA QLD 4715. <b>BY FAX -</b> Form can be faxed to (07) 4992 3493 <b>BY EMAIL -</b> Email to <a href="mailto:enquiries@banana.qld.gov.au">enquiries@banana.qld.gov.au</a></p>		
<b>OFFICE USE ONLY</b> FID8207	Date Received	Taken By	
	Receipt No	Fee (\$)	
	<b>Section 1. Replacement Tag</b> <input type="checkbox"/> Damaged Tag <input type="checkbox"/> Copy of receipt		
	<b>Section 2. Deceased</b> <input type="checkbox"/> Death Certificate, Itemised Veterinary Invoice or Statutory Declaration <input type="checkbox"/> Application for Dog Registration Form <input type="checkbox"/> Creditor Information Form		
	<b>Section 3. Desexed</b> <input type="checkbox"/> Desexing Certificate, or Itemised Veterinary Invoice <input type="checkbox"/> Creditor Information Form <input type="checkbox"/> Copy of receipt		
	<b>Section 6. New Owner</b> <input type="checkbox"/> Copy of Pension Card (if applicable) <input type="checkbox"/> Application for Dog Registration form (if applicable)		
Additional Comments:			