

ANIMAL OWNER DETAILS:

Mr /Mrs / Ms / Miss	Surname:	Given Name/s:
Ph. Home: ()		Work : ()
Mobile:		Email:
Residential Address:		
Postal Address:		

ANIMAL DETAILS:

ANIMAL 1		
Animal Name		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Desexed*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Breed:		
Colour		
Age/D.O.B		
Microchip Number**		

* Please provide evidence that your dog is desexed. This can include a letter, certificate or clear receipt for a veterinarian or a statutory declaration from the owner stating that the dog has been desexed.

** Under section 8 of the *Companion Animals Act 1998*, all dogs are required to be identified/microchipped by the time the animal is twelve (12) weeks old.

Note: As part of the assessment process you may be required to demonstrate the dog performing the functions you have outlined to an authorised officer.

I hereby declare that the information I have provided on this form is true and correct:

Signature:	Date:
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LODGEMENT OPTIONS

EMAIL:	council@cessnock.nsw.gov.au
FAX:	02 4993 2500
POST:	PO Box 152, Cessnock NSW 2325
IN PERSON:	Council Administration Building, 62-78 Vincent Street, Cessnock NSW 2325 between 9:00 am and 5:00 pm