Transfer of Dog Owner Form

Section 48 of the Dog Control Act 1996

MARLBOROUGH DISTRICT COUNCIL

ISO 9001
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This form is to be completed by both parties when a dog(s) has been re-homed from one dog owner to another, within the Marlborough District.

Dog(s) Details

Dog's Name	Breed	Gender	Tag Number

Previous Dog Owner's Details

Full Name _____

Postal Address *(including postcode)* _____

_____

_____

Phone *(home)* _____ Phone *(work)* _____ Mobile _____

I advise that the dog(s) set out above has been re-homed to the person set out below.

Signature _____ Date _____

New Dog Owner's Details

Full Name _____

Date of Birth _____

Your date of birth is required so that you can be distinguished from other people with the same name and is a legal requirement

Postal Address *(including postcode)* _____

_____

_____

Physical Address *(if different from above)* _____

_____

Email _____

Phone *(home)* _____ Phone *(work)* _____ Mobile _____

I confirm that I am now the registered owner of the dog(s) set out above.

Signature _____ Date _____

For Office Use

Animal ID		*Name ID*		*New owner's address updated*		*Certified By:*
Animal ID		*Property ID*		*New owner's postal address updated*		*Date Certified:*

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