

Dog Registration Tag Replacement Form



MARLBOROUGH DISTRICT COUNCIL

ISO 9001
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Dog Owner's Details

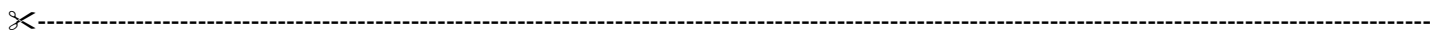
Full Name	_____	For Office Use	
Postal Address (including postcode)	_____	Receipt No:	C
Address where dog(s) normally kept (if different from postal address)	_____	Person ID	E
	_____	Property ID	Q
Email	_____		
Phone (home)	_____	Phone (work)	_____
		Mobile	_____

Dog Details

Dog's Name	1.	2.	3.
Breed			
Colour			
Gender (M/F)			
Age of Dog			
Old Tag Number			
Old Tag Was	Lost Stolen Damaged	Lost Stolen Damaged	Lost Stolen Damaged
Fee			
Other			
For Office Use (Dog ID)			
New Tag Number			

Total Registration Fee \$ _____

Signature of Owner _____ Date _____



For Office Use		Dog Name	Tag No.
Name			
Tax Invoice (when receipted)			
GST No. 50-430-060	Total Paid		
	\$		



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