ANIMAL REGISTRATION

Notification of Change of Particulars

Owner's Name : _____

Owner's Address : _____

Date : ____/____/_____

Chief Executive Officer
PO Box 2142
ROCKINGHAM DC WA 6967

Dear Sir,

Please be advised the particulars regarding registration for my dog/cat(s) have changed.

Dog/Cat's name(s):_____

Registration(s) tag number: _____/____, _____/____.

My dog/cat(s) ☐ has now been sterilised and attached is a copy of the Certificate of Sterilisation

☐ has now been micro chipped. Microchip no.:_____

☐ Replacement Tag - Animal no.:_____ *(refer to your registration papers)*
Old Tag No._____/____ New Tag No._____/___ *(office use)*

☐ has passed away/been euthanised and attached is a Vet Report/Statutory Declaration

I understand that in submitting this application a refund is not guaranteed. To be eligible for a refund my application will be assessed against legislation and the City's internal refund procedures.

I have attached a completed Electronic Funds Transfer form with this application should I be eligible.

Yours faithfully,

_____
(signature)

The City of Rockingham is collecting your personal information under the *Cat Act 2011* or *Dog Act 1976* to process your notification of change of particulars. It may also be used for secondary purposes which would be reasonably expected. We may share this information with other local governments or veterinary practices in order to return your found animal to you. If you choose not to provide your personal information, we may be unable to process your request or issue a refund where eligible. To access, correct or learn more about how we handle personal information contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.

Office Use Only

Animal No. _____

Officer _____ Record amended ☐

Coordinator _____ Approved ☐ Yes ☐ No

If approved, amount of refund $ _____