**Transfer of animal ownership**

**Registered owner (person transferring ownership)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name Date of birth | | | | | |
| Address | | | | | |
| Suburb Postcode | | | | | |
| Telephone Home |  | Work |  | Mobile |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Dog  Cat | Animal name |  | Tag number |  | Expiry year |  |

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**

Registered owner

|  |
| --- |
|  |

**New owner’s details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full name Date of birth | | | | | |
| Address | | | | | |
| Suburb Postcode | | | | | |
| Pensioner 🞏 Tick if pension cardholder Pension card number | | | | | |
| Telephone Home |  | Work |  | Mobile |  |

**Premises kept** (where animal will ordinarily be kept, **if** different to the above address)

|  |
| --- |
| Address |
| Suburb Postcode |

Declaration that

* I have accepted ownership of the above dog/cat;
* I am 18 years of age or over;
* the particulars shown in this application are true to the best of my knowledge and belief;
* I certify, for the purpose of Section 16(1a) of the Dog Act 1976, that means exist on the premises at which the dog will ordinarily be kept for effectively confining the dog within those premises.

**Signed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**

New owner

|  |
| --- |
| * The City of Gosnells must be informed immediately of any change in ownership, the death of a dog/cat or change of address. * Proof of sterilisation is needed to claim the concession rate – for example, certificate of sterilisation, itemised vet bill or statutory declaration. * Current pension cards are to be shown each time the pension concession is claimed. |

|  |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Office use only** | | | | | |
| Animal ID |  | Date processed |  | CSO signature |  |