

24 Stuart Highway PO Box 1071 Katherine NT 0851 records@ktc.nt.gov.au Ph: 08 8972 5500 Fax: 08 8971 0305 ABN 4783 6889 865

## **Application Form – New Dog Registration**

PARTICULARS OF OWNER:	Title: (Mr, Mrs Ms Given Names	)	
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		hone: (H)	
(W)(M		ate of Birth: ( <b>over 18</b> )	
(Email) Note: If the owner is under 18 yea where the dog is usually kept.	rs of age, the applicant for registrat	 tion is the occupier of the premises or part of the pr	emises
Yearly Registration:	Lifetime Registration: [	(microchipped and de-sexed dogs only)	
PARTICULARS OF DOG: Name:	Sex: 🗌 Male 🗌 Fo	emale Desexed: 🗌 Yes 🗌 No	
Breed:	Age	:yearsmonths	
Main colour:	Second colou	ır:	
Address where dog is usually	/ kept:		
There will now be	dog/s kept at this address		
Micro chipped: 🗌 Yes 🗌 N	lo Microchip number:		
complaints. Registration is condi conditions are not observed regist	at the dog does not become a nuis tional on fencing being adequate t ration may be refused or cancelled ce with the Katherine (Control of D	sance, wander from where it is usually being kept on to keep the dog confined to the property at all tin I. I hereby declare the above particulars to be true, ogs) By-Laws. As required under the By-Laws I also	nes. If these and apply for
Signature of Applicant:	Date:	·	
No. of dogs on system registered a	NAR:	notified if more than 2)	
Privacy Statement The information requested by this form is be carrying out the Council's functions, and in so The Council may disclose the information pro Privacy Policy, which is available on our wel	ome cases, for compiling or reporting statistics ovided by you on this form to third party, as	of registering a dog and amongst other things, providing appropria s. If you do not provide the information Council may not be able to required or authorised by By-laws 45 & 52 Local Government Act of the Council office. You may obtain access to your personal inform	process your application. or in accordance with our