

# Dog Registration Amendment to an Existing Ownership

DOG DETAILS										
Name		Breed		Colour/s						
Distinguishing features or marks								Age		
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Desexed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Current registration tag number					Permanent Identification (PID)/Microchip Number					
TO ADD AND/OR REMOVE AN OWNER										
<ul style="list-style-type: none"> <li>This form is used for adding and/or removing an owner from an existing dog registration.</li> <li>For cases where the dog has been sold or given away, please use the 'Change of Ownership' form.</li> <li>The current owner makes this application in the belief that the information provided is true and correct and agrees to forgo any refund of dog registration fees.</li> <li>Confirm the dog has been microchipped prior to adding a new owner to an existing registration as per the <i>Animal Management (Cats and Dogs) Act 2008</i>. The microchip number must be recorded on your dog's registration prior to transfer.</li> <li>Complete the owner to be added and/or removed section of this form.</li> <li>For cases where the dog has been sold or given away, please use the 'Change of Ownership' form.</li> </ul>										
TO WHOM IT MAY CONCERN (OWNER TO BE REMOVED)										
I, (given names of owner)				Surname						
of (residential address)										
Suburb				State/Territory		Postcode				
no longer have ownership of my dog named					Reference tag number					
Home phone				Work phone		Mobile				
Email										
Signature				Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
TO ADD A NEW OWNER										
<ul style="list-style-type: none"> <li>The new owner must acknowledge that they accept full responsibility for the dog.</li> <li>Complete the new registered owner details section of this form.</li> </ul>										

NEW REGISTERED OWNER DETAILS									
Title		Given names		Surname					
Residential address									
Suburb				State/Territory			Postcode		
Address where the dog will be kept (if different from above)									
Suburb				State/Territory			Postcode		
Postal address (if different from above)									
Suburb				State/Territory			Postcode		
Home phone			Work phone			Mobile			
Email									
Existing owner's signature				Date					
<b>TO WHOM IT MAY CONCERN</b>									
I, (given names of new owner)				Surname					
of (residential address)									
Suburb				State/Territory			Postcode		
acknowledge that I will take full responsibility for the dog and request that it be registered in my name from this date. I am over 18 years of age.									
I require a new registration tag		<input type="checkbox"/>							
I require a new registration certificate		<input type="checkbox"/>							
Additional owner's signature				Date					
<b>LODGEMENT</b> Please lodge your completed application form to									
In person			Post to			Email			
Ipswich City Council Customer Service Centre 143 Brisbane Street Cnr Ipswich City Mall, Ipswich			Ipswich City Council PO Box 191 IPSWICH QLD 4305			council@ipswich.qld.gov.au			

Ipswich City Council is collecting your personal information in accordance with Council's Local Laws and/or relevant legislations so that we can manage a variety of processes concerning the processing of this application. We will not disclose your personal information outside of Council unless we are required by law or you have given your consent. However, in order to perform the above functions, we may need to disclose your personal information to Chief Executive Officer who may in turn make this information available to others in accordance with the Act or as required by law.