

ANIMAL/S OWNER DETAILS

Mr / Mrs / Ms / Miss Surname: Given Name/s:

Ph Home: () Work : ()

Mobile: Email:

Residential Address:

Postal Address:

ANIMAL DETAILS	ANIMAL 1	ANIMAL 2	ANIMAL 3	ANIMAL 4			
Animal Name		Animal Name		Animal Name		Animal Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Desexed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Desexed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Desexed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Desexed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breed		Breed		Breed		Breed	
Colour		Colour		Colour		Colour	
Age/DOB		Age/DOB		Age/DOB		Age/DOB	
Microchip	<input type="checkbox"/> Yes <input type="checkbox"/> No	Microchip	<input type="checkbox"/> Yes <input type="checkbox"/> No	Microchip	<input type="checkbox"/> Yes <input type="checkbox"/> No	Microchip	<input type="checkbox"/> Yes <input type="checkbox"/> No
No.		No.		No.		No.	

Privacy Notice: Mackay Regional Council is collecting this information in order to process your application. Council is authorised to do this under the above-mentioned legislation. If required, council may provide your details to a collection agency that has been employed by council for the recovery of unpaid fees. In all other circumstances this information will only be disclosed to a third party with your written authorisation or as required by law.

I hereby declare the information I have provided on this form is true and correct.

Signature: _____ Date: _____

LODGEMENT OF WORKING DOG SELF ASSESSMENT APPLICATION
EMAIL: council@mackay.qld.gov.au
FAX: (07) 4944 2400

POST Mackay Regional Council, PO Box 41, Mackay QLD 4740

IN PERSON: At any of Councils Administration Centres. Opening Hours may vary at each office. General operating hours are from 9am to 4.30pm – Monday to Friday

OFFICE USE ONLY

Approval Officer Name: Registration Entered By: Date:

Tag No.	1.	2.	3.	4.
Reference No.	1.	2.	3.	4.