

# TRANSFER OF ANIMAL DETAILS

Shire of East Pilbara



PMB 22 NEWMAN WA 6753  
t (08) 9175 8000  
f (08) 9175 2668  
Office Hours Mon Fri 8:30 to 4:30

## CURRENT OWNER / AGENT DETAILS

FULL NAME

ADDRESS (Where dog will ordinarily be kept)

SUBURB

POST CODE

<input type="text"/>	<input type="text"/>
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POSTAL ADDRESS (If different from above)

SUBURB

POST CODE

<input type="text"/>	<input type="text"/>
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PHONE

MOBILE

## PREVIOUS DETAILS

PREVIOUS ADDRESS

SUBURB

POST CODE

<input type="text"/>	<input type="text"/>
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## ANIMAL DETAILS

MY ANIMAL IS A DOG  CAT

ANIMAL NAME

EXISTING TAG NUMBER

MICROCHIP No

ANIMAL DECEASED YES / NO DATE:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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DOG STERILISED YES / NO DATE:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**PROOF OF STERILISATION REQUIRED**

ANIMAL NO LONGER OWNED YES / NO DATE:

NEW OWNER DETAILS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ANIMAL TRANSFERRED YES / NO DATE:


TRANSFERRED TO \_\_\_\_\_ COUNCIL

REPLACEMENT TAG YES / NO DATE:

OLD REGISTRATION TAG No: \_\_\_\_\_

NEW REGISTRATION TAG No: \_\_\_\_\_

OWNER/ AGENT SIGNATURE

	SIGN HERE
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DD / MM / YYYY

## OFFICE USE

ASSESSMENT No: \_\_\_\_\_

IS THE DOG A DECLARED DANGEROUS DOG: YES / NO

**IF YES INFORM RANGER**

STERILISATION CERTIFICATE SIGHTED/PROVIDED YES / NO

**HAS SYNERGY BEEN UPDATED YES / NO**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ OFFICER: \_\_\_\_\_