

PO Box 29, Gladstone Qld 4680 Phone (07) 4970 0700 Fax (07) 4975 8500 Email info@gladstone.qld.gov.au Website www.gladstone.qld.gov.au

Office:
Date:/
Time:
Name:

Wobbito www.	gladstorio.qid.gov.dd		L				
Animal Re	gistration Applica	ation Form Registration Pe	eriod: 1 <sup>st</sup> Novembe	er to 31 <sup>st</sup> 0	ctober		
□ New Registra	ation NOTE: registration will	not be lodged without payment	received D Po	und Relea	se Imp. No.		
☐ Transfer of C	_	☐ Transfer from another Cou	_	option age	-		
	•	of Primary Producer and Rural Pi			,		
		e recognised as the Animals Re			nust be 18 a	and over	
Title:	Surname:		en Name/s:				
DOB: /	/ Mobile:		Home: ( )				
Email:	,		Work: ( )				
Postal Address	::						
Animal's Prima	ary Location:						
	•	of emergency. The alternative	contact will becom	e the Anir	nal's Regist	ered Owner if	
	s unable to legally be the R						
Name:	M.C. Danaianas Danisaian	Phon			o d		
PENSION DETA	AILS - Pensioner Remission	Application to be completed wit	n copy or card OR	card signt	ea		
Website - www.	gladstone.qld.gov.au NOTE: If y	Id Card ☐ Please complete Pensic you do not choose to complete a Pensic ewal to be eligible to receive the reduce	ner Remission Applica				
ANIMAL DETAIL	LS						
units) is <b>prohibited</b> to non-compliance	<ol> <li>Submission of this application a e with Council's Local Laws. To ap</li> </ol>	nt in a designated town area or more th and payment does not constitute grant o pply for approval to keep more than 1 do Animal Application, a copy is available or	f approval and Council g in a multi-residential	reserves the premise or 2	e right to refuse 2 dogs/2 cats	e registration due n a designated	
DETAILS	Dog 1	Dog 2	Cat 1		(	Cat 2	
Name							
Gender	☐ Male ☐ Female	☐ Male ☐ Female	☐ Male ☐ Fem	nale	☐ Male	- ☐ Female	
Breed							
Colour							
Age/DOB							
action being taken	tter April 2009 must be microchipp n and subsequent infringements be	ped (excluding Working Dogs). Failure to eing issued.	have your animal mic	rochipped m	ay result in noi	ncompliance	
Microchip no:	vet certificate / statuton, de	claration) of deseving MUST be	provided to verify	discount :	faa antitlam	ente	
Desexed	☐ Yes ☐ No	claration) of de-sexing MUST be	☐ Yes ☐ N		□ Yes	□ No	
		cate) of registered breeder MUS					
Registered Breeder?	☐ Yes ☐ No	☐ Yes ☐ No	□ Yes □ N		☐ Yes	□ No	
ls your dog	☐ Restricted Dog	☐ Restricted Dog					
a declared animal?	☐ Menacing Dog ☐ Dangerous Dog	☐ Menacing Dog ☐ Dangerous Dog					
LODGEMENT A	0 0	□ Dangerous Dog					
In Person	At any Council Administration C	entre during cachier houre					
Post	-	to Gladstone Regional Council. Mail to:	Gladstone Regional Co	uncil PO Ro	y 29 GLADSTO	NF OLD 4680	
		sh to pay via Credit Card and a Custome					
Credit Card	processing the application.	. ,			•	•	
OFFICE USE ON							
Tag No.	1.	2.	3.		4.		
Reference No.	1.	2.	3.			4.	
Partial Entered By:		Date:	Receipt No:			than Allowable 🗆	
COA Issued: Y / N	PCC or Gold Card Sighted □	Card copied & pension remission form s	ubmitted □	New Tenar	nt □	New Owner □	



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LODGEMENT CHECKLIST AND ADDITIONAL INFORMATION				
NEW REGISTRATION		4774 OUED		
Proof of De-sexing must be attached to validate discounted fee entitlements		ATTACHED		
Proof of Registered Breeder (Dogs QLD/Cats QLD) must be attached to validate dis		ATTACHED □		
WORKING DOG REGISTRATION - Must be a Primary Producer and classed as Rura	l Property			
$\square$ Proof of Primary Producer (eg Property Identification Number from Department of A	Agriculture and Fisheries (DAF)	ATTACHED □		
regarding stock, Tax return) attached		ATTACHED □		
Proof of Rural Property (eg Council Rates Notice indicating property is rural and use	ed for grazing or cultivating	ATTACHED □		
on a commercial basis) attached  If more than 2 Working Dogs on Property – please attach details of extra d	loge	ATTACHED □		
**NOTE - Cats are to be registered and fees will apply**	logs			
TRANSFER OF REGISTRATION FROM ANOTHER LOCAL COUNCIL				
Proof of Current Registration e.g. current tag or document from previous Council to	verify entitlement of reduction	ATTACHED □		
	verify chalacine in or reduction	ATTAONED =		
PREVIOUS COUNCIL NAME:	<u> </u>			
DETAILS AND AUTHORISATION OF PREVIOUS OWNER				
Can the previous owner completed and sign the below section confirming the	e Transfer of Ownership	Yes □ No □		
	<u> </u>	r of Own orobins		
<b>If no</b> , please indicate below why the previous owner is unable to complete and sign confirming the Transfer of Ownership:				
PLEASE ENTER THE PREVIOUS OWNERS DETAILS BELOW				
Title: Surname: G	iven Name/s:			
	-			
Best Contact Number : ( )	imail:			
I hereby declare the information I have provided on this form is true and correct and c	ancont to the transfer of ownersh	ain of the above		
mentioned animal. I am;	onsent to the transfer of owners	iip oi tile above-		
mendonea animai. ram,				
a) The previous registered owner of the animal; or				
<ul><li>a) The previous registered owner of the animal; or</li><li>b) The person who used to own the animal, in the sense of it being my personal</li></ul>	property; or			
b) The person who used to own the animal, in the sense of it being my personal	employee or anyone else; or			
<ul> <li>b) The person who used to own the animal, in the sense of it being my personal</li> <li>c) The person who used to usually keep the animal, including through an agent,</li> <li>d) If a person mentioned in paragraphs (a) to (c) is a minor - a parent or guardian</li> </ul>	employee or anyone else; or			
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