



DOG REGISTRATION Change of Ownership Form

Note: This form must be completed and signed by both parties

Litchfield Council (Dog Management) By-laws

CURRENT OWNER DETAILS				
Surname				DOB:
Given names				
Phone	Mobile:		Work:	
Postal address				
	Suburb:		Postcode:	
Street address				
	Suburb:		Postcode:	
DOG DETAILS				
Name			Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Breed			De-sexed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Age	Yrs	Mths	Colour	
Microchip No.				

REASON FOR CHANGE OF OWNERSHIP:

I agree to relinquish ownership of my dog to the new owner as listed below.

Signed (*current owner*) _____ Date _____

NEW OWNER DETAILS				
Surname				DOB:
Given names				
Phone	Mobile:		Work:	
Postal address				
	Suburb:		Postcode:	
Street address				
	Suburb:		Postcode:	

I agree that I will now be responsible for the ownership of the dog listed above.

Signed (*new owner*) _____ Date _____