

# NOTIFICATION OF DECEASED DOG

## DECLARATION FOR DOG REGISTRATION

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### DOG OWNER/S DETAILS

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Work: \_\_\_\_\_ Email: \_\_\_\_\_

Please note: If you do not provide an email address you will not receive formal remittance advice of your refund.

### DETAILS OF DOG

Dog name: \_\_\_\_\_ Breed: \_\_\_\_\_

Colour: \_\_\_\_\_ Sex:  Male  Female

Tag No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Microchip Number: \_\_\_\_\_

I declare that I am the legal owner of the above dog and that my dog passed away on \_\_\_\_\_ (date).

### APPLICATION FOR REFUND OF REMAINING PORTION OF CURRENT YEAR DOG REGISTRATION AS FOLLOWS:

Please credit the refund to my account  
(Please attach a pre-printed deposit slip - we are unable to process the refund without proof of bank account number)

I do not want a refund.

**Please note:** any refund for a dog which dies during a registration year for which fees have been paid will be refunded in proportion to the number of complete months remaining in that registration year. If a death or crematorium certificate is provided the refund will be calculated on a pro rata basis from the date on the certificate, otherwise the refund will be calculated on a pro rata basis from the date we receive this form. I understand that making a false statement in this application, may make me liable upon conviction to a fine not exceeding \$3,000.00 (Dog Control Act 1996)

### SIGNATURE OF APPLICANT

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE RETURN THIS FORM TO:

Animal Education & Control, 217 Ellis Street, Frankton, Hamilton, Ph (07) 838 6632; Hamilton City Council, Garden Place Hamilton; or Post to Animal Education and Control, Private Bag 3010 Hamilton; or Email to: [dog.registration@hcc.govt.nz](mailto:dog.registration@hcc.govt.nz) or do it online at [www.hamilton.govt.nz](http://www.hamilton.govt.nz).

### OFFICE USE ONLY

NAR: \_\_\_\_\_ Officer: \_\_\_\_\_

AN: \_\_\_\_\_ Date: \_\_\_\_\_