



SOUTH WAIRARAPA  
DISTRICT COUNCIL  
*Kia Reretahi Tātau*

## TRANSFER A REGISTERED DOG IN FROM OTHER AREA

### Owner Details

Surname:

First name/s:

D.O.B:

Postal Address (if different from location):

Location address (where your dog is living):

Previous address

Email:

Phone:

Phone:

Phone:

### DOG 1

Dog Name:

Breed:

Colour:

Age:

Sex:

Desexed:

Chip number:

Is your dog classified as menacing or dangerous?

Previous Council:

Previous Council Tag:

**NEW SWDC TAG:**

### DOG 2

Dog Name:

Breed:

Colour:

Age:

Sex:

Desexed:

Chip number:

Is your dog classified as menacing or dangerous?

Previous Council:

Previous Council Tag:

**NEW SWDC TAG:**

### DOG 3

Dog Name:

Breed:

Colour:

Age:

Sex:

Desexed:

Chip number:

Is your dog classified as menacing or dangerous?

Previous Council:

Previous Council Tag:

**NEW SWDC TAG:**

I, the dog/s owner, declare that the details I have provided are correct and I have been given a copy of the obligations of a dog owner. If you have 3 or more dogs in an urban area, you will need to apply for a permit.

Signed:

Date:

Issuing staff

New tag allocated:

Y

N

Obligations pamphlet given:

Y

N

Bylaws Officer

SWDC Bylaws Officer:

NDD located: