



South Wairarapa District Council
PO Box 6
Martinborough
Ph 06 3069611

Declaration of Deceased Dog

Owner name: _____ Owner number: _____

Address: _____

Email: _____ Phone: _____

Dogs Name: _____ Current registration tag number: _____

Deceased date: _____ Vet certificate supplied: (circle one) **Y** **N**

If no vet certificate supplied, how did your dog die: _____

Do you require a **refund** or a **credit** to your dog registration or rates account?

A refund (or credit) is calculated on the amount of remaining months to 30 June from the date of notification. Refunds are not given for previous years.

Please tick one only: ☐ **Refund** ☐ **Credit dog acc** ☐ **Credit rates acc***

**If not your own rates account, who does this account belong to?*

If a refund is required, please supply your bank account details below:

Payments are made on the 20th of the month.

Bank account number: _____

Name of account: _____

I _____ declare that the details I have provided are correct and I am aware that it is an offence under Section 41A of the Dog Control Act 1996 to make a false declaration of the death of a dog, which carries an infringement of \$750.00.

Signature: _____

Date: _____

Regulatory Officer to fill in
Processed

☐ Refund. ☐ Credit dog acc. ☐ Credit rates acc. Amount: \$ _____

Officer name: _____ Officer signature: _____ Date: _____

Managers name: _____ Managers signature: _____ Date: _____