

# Murweh Shire Council

## Application for Dog Registration

95-101 Alfred Street  
PO Box 63 Charleville Qld 4470  
Telephone: 07 4656 8355 Facsimile: 4656 8399

Email: [mail@murweh.qld.gov.au](mailto:mail@murweh.qld.gov.au)  
Website: [www.murweh.qld.gov.au](http://www.murweh.qld.gov.au)



(Animal Management (Cats and Dogs) Act 2008 Sections 46, 47, 54 & 55)

<b>Application Type</b>		<input type="checkbox"/> New registration <input type="checkbox"/> Renewal of registration <input type="checkbox"/> Change of registration information					
<b>Owners Details</b>	Full name:						
	Residential address:						
	Postal address:	<input type="checkbox"/> As above					
	Telephone:						
<b>Animal 1</b>		<b>Animal 2</b>					
Name:		Name:					
Breed:		Breed:					
Age: _____ Year/s _____ Month/s		Age: _____ Year/s _____ Month/s					
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female					
Desexed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Desexed: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Co.lour:		Colour:					
Any other distinguishing features or marks:		Any other distinguishing features or marks					
Permanent Identification Number (PID)/Microchip <input type="checkbox"/> Yes <input type="checkbox"/> No		Permanent Identification Number (PID) / Microchip <input type="checkbox"/> Yes <input type="checkbox"/> No					
<table border="1" style="width: 100%; height: 20px;"> <tr> <td colspan="2">Permanent Identification Number (PID) / Microchip</td> </tr> </table>		Permanent Identification Number (PID) / Microchip		<table border="1" style="width: 100%; height: 20px;"> <tr> <td colspan="2">Permanent Identification Number (PID) / Microchip</td> </tr> </table>		Permanent Identification Number (PID) / Microchip	
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<b>Secondary Contact:</b>	Name: _____ Phone _____						
<b>Regulated Dogs only</b>	<input type="checkbox"/> Restricted Dog <input type="checkbox"/> Dangerous Dog <input type="checkbox"/> Menacing Dog Permit number: _____ (Restricted Dogs only)						
<b>Declaration</b>	I apply for the registration of the dog described above and declare that the particulars are correct in every detail and that I have read the Council's terms and conditions. Applicant's signature ..... Date / /						
<b>Office Use Only</b>							
Date received: / /	Yearly Tag No: _____	<input type="checkbox"/> Additional information required					
Receipt No:		<input type="checkbox"/> Veterinary surgeon's certificate attached if dog desexed and microchipped					

Microchipped & Desexed - \$30.00 yearly (financial Year)

Entire First Dog - \$91.00 yearly (financial year) -Entire Second Dog \$120.00 yearly (financial year)