

**Address all correspondence to:**

Animal Control, Ōpōtiki District Council, PO Box 44, Ōpōtiki 3162  
Ph 07 315 3030, Fax 07 315 7050  
Or return to 108 St John Street, Ōpōtiki

**Owner details**

Full name			
Date of birth	<i>Required under the Dog Control Act 1996</i>		
Address			
Postal address (if different)			
Home phone		Work phone	
Mobile		Email	

**Dog details**

Name	Breed	Colour	Tag no.	Age	Sex	Reason
					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> lost <input type="checkbox"/> stolen <input type="checkbox"/> died
					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> lost <input type="checkbox"/> stolen <input type="checkbox"/> died

**Declaration**

- I hereby acknowledge that the above dog/s is/are now deceased, stolen or lost as indicated.
- I understand that if I knowingly provide any false or misleading statements in relation to this declaration that, on summary conviction, I am liable to a fine not exceeding \$3,000.

Owner's signature	
Date	

**OFFICE USE ONLY**

Date received		Processed by	
Owner ID		Dog ID	