

## Declaration of stolen/lost/deceased dog

Address all corres Animal Control, Ōp Ph 07 315 3030, Fa Or return to 108 S	oōtiki District ( ax 07 315 7050	Council, PO Box 44	, Ōpōtiki 316	2		
Full name						
Date of birth	Required under the Dog Control Act 1996					
Address						
Postal address (if different)						
Home phone		Work p	Work phone			
Mobile		Email				
Dog details						
Name	Breed	Colour	Tag no.	Age	Sex	Reason
					□ M □ F	☐ lost ☐ stolen ☐ died
					$\square$ M $\square$ F	$\square$ lost $\square$ stolen $\square$ died
Please enter date	of stolen / lost	/ deceased dog			Date	
Reason for declari	ng dog stolen	/ lost / deceased				
Declaration						
	nat if I knowing	_	se or mislead	ing staten		dicated. n to this declaration that,
Owner's signature						
Date						
		0	FFICE USE OF	NLY		
Date received			Process	sed by		
Owner ID			Dog ID			
Any other c	omments					