Deceased Dog Form

(Section 39, Dog Control Act 1992)

Owner's name:

Owner's address:

Owner's telephone number: Home Mobile

Dog's ID No: Dog's name: Tag No:

Owner's date of birth:

I understand that making a false statement in this application may make me liable on conviction to a fine not exceeding $3,000 under section 41A of the Dog Control Act 1996.

Owner's signature: Date:

Please note*: If possible, please attach a copy of the vet's invoice /death certificate or receipt together with the registration tag.*

Office use only

Refund

Amount refunded $ Date processed:

(Refund amount is based on number of complete months remaining in the registration year after the date of the request for the refund.

- ☐ Tag returned or
- ☐ Vet invoice / death certificate attached
- ☐ Records updated
- ☐ Form saved in Magiq customer dog account
- ☐ Transferring to rates/water other Account number:
- ☐ *Bank account verification must be attached for a refund*

Bank account number

Staff signature: Date:

Manager's signature: Date:

Kaipara District Council Offices

Dargaville: 32 Hokianga Road Dargaville 0310
Mangawhai: The Hub, 6 Molesworth Drive, Mangawhai 0505
Phone: 0800 727 059
Postal: Private Bag 1001, Dargaville 0340