

Neutered Dog Declaration

If during the year your dog has been Neutered/spayed and you notify us you may be eligible to a pro rata refund of your part of your registration fee (from date of notification). Please complete this form and forward to Masterton District Council, Animal Services, P O Box 444, Masterton 5840 or email: animalservices@mstn.govt.nz



OWNER DETAILS

Owner's name:	
MDC Owner No:	Owner Date of birth:
Street Address:	
Email:	
Home Phone:	Mobile Phone:

DOG DETAILS

Name:	Breed:	Tag Number:
Colour:	Age:	Sex:
Name:	Breed:	Tag Number:
Colour:	Age:	Sex:

VETERINARY CLINIC Please provide written confirmation from the vet if they have neutered/spayed your dog – this can be emailed by the vet clinic to animalservices@mstn.govt.nz Or they can complete the section below

Name of Veterinary Clinic:	
On behalf of the above named Veterinary Practice I confirm that the dog/s listed above were desexed by a member of our Veterinary practice:	
Date of Desexing:	Signature (Vet Clinic Staff member) with Clinic Stamp

DECLARATION

I hereby certify that I am the registered dog owner and the above information is true and correct.

(Please note we can impose a penalty for providing a false statement under the Dog Control Act 1996)

Signature of registered owner		Date	
<input type="checkbox"/> Credit Dog Account	<input type="checkbox"/> Credit Bank Account Number		
<input type="checkbox"/> Credit Rates Account			
Property Valuation Number:	Please provide a bank deposit slip or printout from your bank. Hand written account numbers must be written by owners and are provided at owner's risk.		

OFFICE USE ONLY

Refund required: Yes No	Refund Amount: \$	Approved By:	Date Paid:
GL: 9030202			