

APPLICATION FOR DOG REGISTRATION

161 Queen Street
 PO Box 444
 Masterton 5840
 06 370 6300



Name:
 Date of Birth:
 Address:
 Home Phone:
 Mobile:
 Email:

Please return both portions with payment to the above address.

You can also pay online to Account no. 03 0687 0271682 00

Please quote owner number for payment. You need to post or drop off your signed registration form to the address above or scan and email to animalservices@mstn.govt.nz.

OWNER NUMBER:

DOG'S NAME	BREED	COLOUR	AGE	SEX	NEUT	CHIP	NEW TAG NO.	FEE
<div style="background-color: #e67e22; color: white; padding: 5px;">IMPORTANT</div> <p>Please add dogs you may now own that are not listed and cross out any dogs which are no longer in your possession. Please read notes and record microchip details on reverse. Fees are due by 31 July. Late fees, paid after 31 July, increase by 50%.</p>								

PLEASE DO NOT SEPARATE - RETURN BOTH PORTIONS

DOG'S NAME	NEW TAG NO.

--	--

I hereby certify that the particulars shown on this form are correct

Signed

Date: / /

Tax Invoice (when paid)
 GST no. 50-722-619



