

All dogs kept within the Nhulunbuy Town and Industrial Lease for 3 months or more must be micro-chipped and registered with Council in accordance with the Nhulunbuy Corporation Ltd Animal Control By-laws.

OWNER DETAILS				D.O.B:	
Surname:				ALTERNATE CONTACT	
Given Names:				Name:	
Phone				Ph:	
Email					
Postal Address:				Postcode: 0881	
Address where dog/s will be kept		Nhulunbuy		Postcode: 0880	
DOG DETAILS					
Dog 1 Name:				Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Breed				De-sexed	Yes (proof required) <input type="checkbox"/> No <input type="checkbox"/>
Age	Yrs	Mths		Colour	
Microchip No.				Animal No.	Tag No.
OFFICE USE ONLY					
Dog 2 Name:				Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Breed				De-sexed	Yes (proof required) <input type="checkbox"/> No <input type="checkbox"/>
Age	Yrs	Mths		Colour	
Microchip No.				Animal No.	Tag No.
OFFICE USE ONLY					

Please ensure that your dog's details are kept up to date and that NCL is notified of change of ownership of the dog, change of address where the dog is kept, if the dog leaves the municipality and/or if the dog is deceased.

Information relating to animal management within the NCL Special Purpose Lease and a copy of the relevant By-laws can be found on our website www.ncl.net.au.

Privacy Statement

The personal information provided on this form will be used by NCL for the purposes of fulfilling your request and undertaking associated Council functions & services. Your personal information will not be disclosed to any third party unless required or permitted by law.

DECLARATION

I, *(print full name)* _____ declare that all information stated and supplied within this application form is true and correct. I agree to comply with all requirements of the NCL Animal Control By-laws. I declare that I have read and understood the below important requirements of dog ownership within the NCL Town and Industrial lease areas;

1. When upon a public place, my animal must be under the control of a competent person. I understand that it is a requirement that at such times my animal is restrained by a leash, cord, chain or similar device. (this is supported by the NCL Animal Control By-Laws).
2. It is essential that my animal wears a current NCL identification tag at all times. I acknowledge that the registration financial year is from 1st November to 31st October, and that it is my responsibility to remit the annual fee to NCL before the due date to avoid infringements.
3. If the dog owner is under the age of 18, then a parent or guardian must sign the form as a “joint owner”. A person who is registering the animal on behalf of its owner is required to show this authority in writing. This must accompany the application.
4. I understand that my dog must not wander or become a nuisance to either humans or other animals. I acknowledge that if complaints are made against my animal that my registration may be revoked or cancelled.
5. I accept that infringements may be issued for violations, and that unpaid penalties will progress to the Fines and Recoveries Unit.

Signed: _____

Date: _____

Authorized Officer Signature:	OFFICE USE ONLY	Date:
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REGISTRATION FEES

REGISTRATION CATEGORY	ANNUAL	ANNUAL CONCESSION	LIFETIME	LIFETIME CONCESSION
Entire dog	104.00	79.00	n/a	n/a
De-sexed dog <i>(proof required)</i>	21.00	15.00	125.00	
Pound – dog release fee (per instance)	58.20			
Pound – fee per day	32.00			

- The concession fee applies to dog owners who are in receipt of a government pension *(proof required)*.

Payment can be made in person at the NCL offices at Shop 2 & 3, 19 Westal Street, or by completing the section below and posting the form to PO Bo 345 Nhulunbuy NT 0881, or email to office@ncl.net.au . Please include copies of the sterilisation certificate and/or pension card (if applicable). Registration cannot be processed without supporting documentation.

Your properties suitability for the security and well-being of your dog will be inspected, and subsequently, a registration tag for your dog/s will be sent to your postal address with a payment receipt.

Please debit my   Name on card _____

Card number _____ Expiry _____ / _____

I authorise NCL to charge my credit card with the amount of \$ _____

Signature of cardholder _____ Date _____

Office Use Only

<i>Total Paid</i>	\$	<i>Date</i>		<i>Receipt No.</i>	
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