

CITY OF WODONGA - Dog/cat registration change of ownership
In person: 104 Hovell St, Wodonga, VIC 3690

Phone: (02) 6022 9300

Post: PO Box 923, Wodonga, VIC 3689 **Fax:** (02) 6022 9322 **Email:** info@wodonga.vic.gov.au


Previous owner's details	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss							
	Given name/s:							
	Surname:							
	Address:							
	Suburb:		State:		Post code:			
	Phone (work):		Phone (home):					
	Mobile:							
	Email:							
Animal's details	Pet one	Pet two	Pet three	Pet four				
Animal Type:	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Cat <input type="checkbox"/> Dog	<input type="checkbox"/> Cat <input type="checkbox"/> Dog				
Animal's Name:								
Animal's Breed:								
Animal's Colour:								
Registration number:								
Microchip number:								
<i>PLEASE NOTE: You must also contact the relevant microchipping registry to update the details of ownership on your microchip.</i>								
New owner's details	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss							
	Given name/s:							
	Surname:		Date of birth:					
	Address:							
	Suburb:		State:		Post code:			
	Phone (work):		Phone (home):					
	Mobile:		Concession card number:					
	Email:							
Declaration This form must be signed by the person making the request.	I have taken ownership of the above animal/s and declare that the information I have provided is true and correct to the best of my knowledge and hereby undertake and comply with requirements of the Wodonga Council's <i>Local Law No. 1 of 2014</i> and any special conditions as required by an authorised officer of the council.							
Remember it is against the law to provide false or misleading information, which could result in a fine.	Name:							
	Signature:							
	Date: / /							

OFFICE USE ONLY

Current registration paid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Receipt no.	Date paid:
Application approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Staff name:	Signature:		Date:	