This form can only be used if the new owner resides in Maroondah. If the new owner resides in another council, please contact the new council for their registration requirements.

|  |
| --- |
| **Section 1: Animal Owner details (as per Maroondah Council records)** |

|  |  |
| --- | --- |
| Name: |  |
| Residential Address |  |
| Postal Address (if different to above) |  |
| Phone Number/s |  |

**I hereby give ownership of the animal registration/s (listed below) to the person listed:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Print Name** |  | **Sign** |  | **Date** |  |

|  |
| --- |
| **Section 2: New Animal Owner details** |

|  |  |
| --- | --- |
| Name |  |
| Residential Address |  |
| Postal Address (if different to above) |  |
| Phone Number/s |  |

**I hereby accept responsibility for the animal registration/s listed below:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Print Name** |  | **Sign** |  | **Date** |  |

|  |
| --- |
| **Section 3: Animal Registration details - What animal registration/s is/are affected by these changes?** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Reference |  |  |  |  |
| Tag Number |  |  |  |  |
| Animal Name |  |  |  |  |
| Microchip No |  |  |  |  |

**If Maroondah City Council has no record of microchip details, proof must be provided.**

|  |  |  |  |
| --- | --- | --- | --- |
| Has the current registration been paid? | Yes / No | If yes, receipt number? |  |

If No, please ensure payment is made.

*Maroondah City Council is committed to protecting your privacy as prescribed by the Privacy & Data Protection Act 2014 and the Health Records Act 2001.  The information you provide on this form is being collected by Maroondah City Council for the strict purpose of conducting Council business.  Your information will not be disclosed to any external party without your consent, unless Council is required or authorised to do so by law.  Failure to provide the information requested may make you ineligible to receive the service or be part of an event/function that is the subject of this form.  Any access to the information, amendments that may be required or any privacy enquiries may be directed to Council's Privacy Officer & Health Records Officer on 9298 4211 or email - privacy@maroondah.vic.gov.au*

Return completed form to Local Laws - Office Use Only

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reference no | |  | Receipt | |  | | Amount |  |
| ✂ |  | | |  | |  |  |  |

**Cashier cut off**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Reference no |  | Receipt |  | Amount |  |