

CHANGE OF ANIMAL OWNERSHIP DETAILS



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 _____

Contact us

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