

# REQUEST FOR DOG TAG REPLACEMENT

Owner ID:	DR.MAST.OWNER
Name:	CONTACT.DISPNAME
Dog Name:	DR.MAST.NAME
Breed:	DR.MAST.BREED.1 DR.MAST.BREED.2
Current Tag Number:	DR.MAST.CURR.TAG.ID
Original Receipt Number:	DR.MAST.CURR.RECEIPT

Has been:

- Lost
  Stolen
  Damaged  
 Other - please state reason tag replacement is required:

.....

I fully understand that if I make a false declaration, I may be prosecuted under Sections 18 and 48 of the Dog Control Act 1996.

Signed by Owner: .....

Date:

**REPLACEMENT TAG FEE: \$7.50**

<b>OFFICE USE ONLY</b>	
Replacement Tag Number	
Receipt Number	
<b>Actioned By Council Officer:</b>	<b>Date</b>