



DECEASED DOG DECLARATION FORM

Owner No. _____

Refund Details if applicable: (Please choose one)

Credit Rates a/c? <input type="checkbox"/>	Credit Dog a/c? <input type="checkbox"/>	Credit Bank a/c no. _____
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Mr First Name (s): _____
 Mrs
 Miss
 Ms Surname: _____

Address: _____

Dog(s) Name	Breed/Type	Age	Sex	Previous Tag No

Name of Veterinary Clinic:	_____
Address:	_____
Date of Euthanasia/Death:	_____
Or Cause of Death	_____

I hereby certify that the above information is true and correct, and hereby sign this declaration form in the presence of either of the following Officers:

NOTE: PENALTY FOR FALSE STATEMENT RELATING TO APPLICATION FOR REGISTRATION:
Every person commits an offence and is liable on summary conviction to a fine not exceeding \$3,000 who, in making an application for the registration of a dog, makes any written statement knowing that statement to be false.

Kapiti Coast District Council Animal Control Officer (Please Tick One)

Kapiti Coast District Council Customer Services Officer

Signature of Applicant: _____

Date: _____

Signature of Witnessing Officer: _____

Date: _____

Office Use Only

Refund Required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Refund Amount:	\$ _____
Approved By:	_____	Date:	_____	_____

** Please note that to get a credit on your Rates account you must be the ratepayer who is listed as an owner of the above property.*