

DECEASED DOG DECLARATION FORM



Animal Management Team, Kapiti Coast District Council
Private Bag 60 601, Paraparaumu 5254
175 Rimu Road, Paraparaumu 5032
Phone 04 296 4700 Toll Free: 0800 486 486
Email: kapiti.council@kapiticoast.govt.nz

For Council use

Owner Number:

Current Owner Details

Name:

Street Address:

Email:

Suburb:

City:

Postcode:

Phone Home:

Phone #2:

Cellphone:

Details of Dog(s)

Name:

Breed:

Tag Number:

Colour:

Age:

Sex:

Name:

Breed:

Tag Number:

Colour:

Age:

Sex:

Veterinary Clinic

Name of Veterinary Clinic:

Address:

Date of euthanasia / death:

Or cause of death:

Declaration

(Please note: We can impose a penalty for providing a false statement under the Dog Control Act 1996)

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 Witnessing Officers: *(please tick one)*:

Kāpiti Coast District Council Animal Control Officer Kāpiti Coast District Council Customer Services Officer

Signature of Applicant:

Date:

Signature of Witnessing Officer:

Date:

Refund Details *(if applicable choose preferred method of refund)*

Credit Dog Account

Credit Bank Account Number:

Credit Rates Account¹

Valuation Number:

Office Use Only

Refund required: Yes No

Refund amount: \$

Approved by:

Date:

GL: 17690751

¹Please note: To get a credit on your Rates account you must be a ratepayer who is listed as an owner of the above property.