

CHANGE OF OWNERSHIP / DOG TRANSFERRED OUT OF DISTRICT

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 No:

Date:

Current Registered Owner Details

Name:		D.O.B:
Street Address:		
Email:		
Suburb:	City:	Postcode:
Phone Home:	Phone #2:	Cellphone:

I do solemnly declare that the following dog(s) currently owned by me have been: *(please tick one)*

Transferred to a new owner OR Transferred out of the Kapiti Coast District

Signature of Current Owner:

Date:

Details of Dog(s)

Name:	Breed:	Tag Number:
Colour:	Age:	Sex:
Name:	Breed:	Tag Number:
Colour:	Age:	Sex:
Name:	Breed:	Tag Number:
Colour:	Age:	Sex:

New Owners Details / New Address of Current Owner

Name:		D.O.B:
Street Address:		
Email Address:		
Suburb:	City:	Postcode:
Telephone (plus area code):		Owner No:
Signature of New Owner:		Date:

Transfer or Change of Owner

- Is the Dog(s) being transferred to another District?
 Is the Dog(s) being transferred to a new owner within the Kapiti Coast District?

Menacing Dog

- Is the Dog Classified as a Menacing Dog under the Dog Control Act 1996?
 Has the new Owner been made aware of the classification requirements for a Menacing Dog?

Dangerous Dog

- Is the Dog Classified as a Dangerous Dog under the Dog Control Act 1996?
- Has the new Owner been made aware of the classification requirements for a Dangerous Dog?
- Has written consent been received from the Territorial authority in whose district the Dangerous dog will be kept?

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):

- Kapiti Coast District Council Animal Management Officer **OR** Kapiti Coast District Council Customer Services Officer

Signature of Witnessing Officer:

Date: