

NEUTER / SPEY 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)

I do solemnly declare that the following dog(s) currently owned by me are Neutered or Speyed		
Name:	Breed:	Tag Number:
Colour:	Age:	Sex:
Name:	Breed:	Tag Number:
Colour:	Age:	Sex:

Veterinary Clinic

Name of Veterinary Clinic:
Address:
Date of dog(s) surgery:

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 a Kapiti Coast District Council Animal Control Officer or Customer Service Officer.	
Signature of Applicant:	Date:
Signature of Witnessing Officer:	Date:

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

<input type="checkbox"/> Credit Dog Account <input type="checkbox"/> Credit Rates Account ¹ Valuation Number:	<input type="checkbox"/> Credit Bank Account Number: <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										

Office Use Only

Refund required: Yes <input type="checkbox"/> No <input type="checkbox"/>	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.