

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)*

Credit Dog Account

Credit Rates Account¹

Valuation Number:

Credit Bank Account Number:

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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.