

## Dog Registration Update Notification

Please complete relevant sections, sign and return to: Nelson City Council, PO Box 645, Nelson

Owner Name:

Owner No:

Address:

Phone No:

Dog's Name:

Tag No:

**CHANGE  
OF  
ADDRESS**

New Address:

New Phone No:

Effective from:

**CHANGE  
OF  
OWNER**

New Owner's Name:

New Address:

New Owner's Phone No:

Dog's new name:

New Owner's Date of Birth:

**DEATH  
OF  
DOG**

Date Dog Died:

I require / do not require a refund of the unexpired portion of the registration fee.  
(please circle).

Please note: refunds are not available unless the tag is returned to Nelson City Council with this form. Refunds will be processed from the date this notification form is received.

Please complete if you have requested a partial registration refund for death of dog:

**BANK ACCOUNT DETAILS –  
NAME OF ACCOUNT HOLDER:**






Bank

Branch Number

Account Number

Suffix

Bank:

Branch:

**IT IS AN OFFENCE TO MAKE A FALSE STATEMENT IN RESPECT OF DOG REGISTRATION**

Previous Owner's Signature:

Date:

Current Owner's Signature:

Date: