

**REQUEST TO TRANSFER REGISTRATION OF A DOG  
TO THE SHIRE OF BROOKTON**

**OWNERS DETAILS**

FULL NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

**DOG DETAILS**

NAME \_\_\_\_\_

AGE \_\_\_\_\_

BREED \_\_\_\_\_

COLOUR \_\_\_\_\_

DESEXED ☐ YES ☐ NO

MICROCHIP NUMBER \_\_\_\_\_

**PREVIOUS CITY/SHIRE DETAILS**

NAME OF SHIRE OR CITY \_\_\_\_\_

ADDRESS IN PREVIOUS SHIRE OR CITY \_\_\_\_\_

\_\_\_\_\_

DOGS PREVIOUS REGISTRATION TAG NUMBER \_\_\_\_\_

SIGNATURE OF DOG OWNER \_\_\_\_\_

**OFFICE USE ONLY**

SHIRE OF BROOKTON TAG NUMBER	
EXPIRY DATE OF REGISTRATION	
SIGNATURE OF REGISTRATION OFFICER	