

Transfer of Address Form

Section 49(1) of the Dog Control Act 1996



**MARLBOROUGH
DISTRICT COUNCIL**

ISO 9001
Document Number:
AAF0005-C11811

This form is to be completed when the dog owner/dog(s) address has been changed within the Marlborough District.

Dog Owner's Details

Full Name _____

Date of Birth _____

Your date of birth is required so that you can be distinguished from other people with the same name and is a legal requirement

Dog(s) Details

Dog's Name	Breed	Gender	Tag

Previous Address Details

Postal Address
(including postcode) _____

New Address Details

Postal Address
(including postcode) _____

Physical Address
(if different from postal address) _____

Email _____

Phone *(home)* _____ Phone *(work)* _____ Mobile _____

I certify that the information contained on this form is true and correct.

Signature _____ Date _____

For Office Use

Animal ID		Name ID		Dog(s) address updated		Certified By: Date Certified:
Animal ID		Property ID		Dog owner's postal address updated		



MAATAA WAKA KI TE TAU IHU TRUST
58 Main Street
PO Box 1016
Blenheim 7240

Telephone: 03 520 9033
Fax: 03 520 9035
Scan and email to: animalcontrol@xtra.co.nz
Authorised Agents for Animal Control Services