



Shire of Bruce Rock

ABN: 22 148 096 754

54 Johnson Street, BRUCE ROCK WA 6418

Phone: (08) 9061 1377 Fax: (08) 9061 1340

Email: admin@brucerock.wa.gov.au Website: www.brucerock.wa.gov.au

APPLICATION FOR A CERTIFICATE OF REGISTRATION

I, _____ of _____
(Name) (Address)

_____ Telephone No: _____
(Town) (Postcode)

Certify, for the purposes of section 16(1a) of the Dog Act, that means exist on the premises at which the dog will ordinarily be kept for effectively confining the dog within those premises.

Owner's Name: _____

Premises where dog will ordinarily be kept: _____ Telephone No: _____

Name of Dog: _____

Sex: _____

Colour: _____

Distinguishing Marks: _____

Age: Years: _____ Months: _____

Breed: _____

Sterilised: Yes No

Microchip: Yes No If yes, Microchip No: _____

Concession: Pensioner: Work Dog:

Signature: _____ Dated: ____/____/____

This registration is valid until: ____/____/____ - Unless cancelled pursuant to section 16 of Dog Act

Date of issue: ____/____/____ Signature of registration Officer: _____

Concession sighted: Yes: No: Signature: _____

Concession Number: _____