

Declaration of Dog as a Full-Time Working Dog



Send to: Chief Executive
Waitakere City Council
Private Bag 93109
Henderson
WAITAKERE CITY 1231

For more information:
Waitakere Central
6 Henderson Valley Road
Henderson
Telephone (09) 839 0400
Facsimile (09) 836 8001

Date: _____

I/We (full name(s)): _____

Owner Date of Birth: _____

Owner/Occupier of: _____

Phone Number: Mobile: _____ Home: _____

1.

Name of Dog: _____

Breed: _____

Age: _____

Colour: _____

Sex: _____

Registration Number: _____ Year: _____

2.

Name of Dog: _____

Breed: _____

Age: _____

Colour: _____

Sex: _____

Registration Number: _____ Year: _____

3.

Name of Dog: _____

Breed: _____

Age: _____

Colour: _____

Sex: _____

Registration Number: _____ Year: _____

I/We hereby declare that this/these dog(s) is/are full time working dog(s) as defined by section 2 of the Dog Control Act 1996 and is/are kept solely or principally for the purpose of herding or driving farm stock (excludes pig dogs).

Signature: _____ Date: _____

Note: If this is found not to be the case you are subject to infringement and possible prosecution.

For Office Use Only: Animal Welfare Officer's Comments: _____