# CHANGE OF ANIMAL REGISTRATION OWNERSHIP

Local Law 2 Animal Management  
Subordinate Local Laws Animal Management  
Animal Management (Cats and Dogs) Act 2008

### Purpose
This application form must be completed by the previous and current owner before submitting to Townsville City Council.

This form will update Council records only. Please update the new owner’s details with the relevant microchip agency.

### Animal details
- **Tag number**  ____________________________  **Breed**  ____________________________  
- **Colour**  ______________________________  **Microchip number**  __ __ __ | __ __ __ | __ __ __ | __ __ __ | __ __ __

Is the animal subject to a declaration (dangerous, menacing or restricted)?

- [ ] No  
- [ ] Yes (describe) ______________________________________________________________________________

### New owner details
- **Full name** ____________________________________________________________________________________
- **Residential address** ____________________________________________________________________________
  - **Suburb**  _________________________________________  **State** _________________  **Post code** ____________
  - **Postal address** ________________________________________________________________________________
  - **Suburb**  _________________________________________  **State** _________________  **Post code** ____________

- **Address where animal resides** ____________________________________________________________
- **Mobile phone** ___________________________________  **A/H Phone**  _____________________________________
- **Email address** ________________________________________________________________________________

Are you eligible for a pensioner concession discount?

- [ ] No  
- [ ] Yes

**Card number** ___________________________________________________________________________________

*Queensland Pensioner Concession Card issued by Centrelink or Department of Veterans' Affairs Health Card (All Conditions within Australia) or Department of Veterans' Affairs Health Card (Totally and Permanently Incapacitated)*

**Signature** _____________________________________________ **Date** __________________________________

### Previous owner details
This must be completed by the previous owner

- **Full name** _____________________________________________________________________________________
- **Residential address** _____________________________________________________________________________
  - **Suburb**  _________________________________________  **State** _________________  **Post code** _____________
  - **Address where animal previously resided** __________________________________________________________
  - **Mobile phone** ___________________________________  **A/H Phone**  _____________________________________
  - **Email address** ________________________________________________________________________________

I hereby authorise the ownership of the above mentioned animal to be transferred.

**Signature** _____________________________________________ **Date** __________________________________

### Office use only

<table>
<thead>
<tr>
<th>Date</th>
<th>Animal approval number</th>
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ABN 44 741 992 072  
TOWNSVILLE CITY COUNCIL
### Privacy collection statement

Townsville City Council collects and manages personal information in the course of performing its activities, functions and duties. We respect the privacy of the personal information held by us. The way in which Council manages personal information is governed by the Information Privacy Act 2009. We are collecting your personal information in accordance with Local Law 2 Animal Management 2011 and the Animal Management (Cats and Dogs) Act 2008. The information will be used to process this application, renewal registrations, locate owners of rescued dogs, and inform any potential compliance actions in relation to this activity. Generally, we will not disclose your personal information outside of Council unless we are required to do so by law, or unless you give your consent to this disclosure. For further information about how we manage your personal information please see our Information Privacy Policy.

### Submit the form

- **By email:** enquiries@townsville.qld.gov.au
- **By mail:** Townsville City Council, PO Box 1268, TOWNSVILLE CITY QLD 4810.
- **In person:** At a Customer Service Centre located at:
  - 103 Walker Street, Townsville City
  - CityLibraries Thuringowa, 86 Thuringowa Drive, Thuringowa Central.