

## CUSTOMER SERVICES

# Notification of Death of Dog

## Section 39, Dog Control Act 1996

I hereby declare that the dog/s listed below are now deceased and make application for a refund of part of the fee paid for the registration of my dog.

Date: \_\_\_\_\_

Name of owner: \_\_\_\_\_ Name ID: \_\_\_\_\_

Address: \_\_\_\_\_

Phone no: \_\_\_\_\_

Dog name	Animal ID	Breed/description	Licence Tag number	Date of death

### Notes:

Under Section 39 of the Dog Control Act 1996, a refund on the death of a dog is on a pro-rata basis and is calculated at the rate of 1/12 of the annual fee paid for that dog for each complete month remaining in the registration year after the date of **application for the refund**. Click [here](#) for a link to Section 39 of the Dog Control Act, 1996.

Every person commits an offence and is liable on summary conviction to a fine not exceeding (\$3,000) who, in making an application for the registration of a dog, makes any written statement knowing that statement to be false. Click [here](#) for a link to Section 41 of the Dog Control Act, 1996.

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_

## Statement for the purpose of Principle 3 of The Privacy Act

1. The information is being collected to enable the Council to maintain its dog register and records.
2. The intended user of the information is the Council's Environmental Services Unit.
3. You have the right of access to and correction of any personal information held about you by the Council.
4. This information is held on the Council's dog register.
5. Supply of information from the dog register is strictly limited by Section 35 of the Dog Control Act 1996, which can be viewed [here](#).

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## Refund

**Petty Cash** (for amounts under \$20 only) Petty Cash Received: \_\_\_\_\_ Owner's signature

### Refund to Bank Account:

(attach deposit slip)

Bank

Branch

Account No.

Suffix

Account name: \_\_\_\_\_

### Refund to Waimakariri District Council Rates Account

Address to transfer refund to: \_\_\_\_\_

**or**

Use Valuation Number from Rates invoice: \_\_\_\_\_

**Transfer to New Dog** Dog's name: \_\_\_\_\_ Animal ID No: \_\_\_\_\_

**No refund required**

## Return to

Waimakariri District Council  
Private Bag 1005  
Rangiora 7440

**or** office@wmk.govt.nz

**or** Council Service Centres

**Rangiora Service Centre**  
215 High Street  
Rangiora

**Kaiapoi Service Centre**  
176 Williams Street  
Kaiapoi

**Oxford Service Centre**  
34 Main Street  
Oxford

**Office use only** GL Code: 10.574.100.2462

Amount: \$ \_\_\_\_\_

### Petty Cash reimbursement complete

**Refund to Bank Account:** Journal No: \_\_\_\_\_ Referred to Finance

**Transferred to Rates Account:** Transfer Form to Rates

**Transferred to new dog** Animal ID: \_\_\_\_\_

**No refund required**

Completed form attached to Animal ID Actioned by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: