

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: