

Dog Maintenance Form



Reason: CHANGE OWNER CHANGE ADDRESS LEFT DISTRICT DECEASED DOG APPLY FOR REFUND

*REQUIRED FIELD

Current owner*

Postal address*

Dog's physical address*

Telephone number*
include area code

Fax number
include area code

Email address

Full name of new owner*

Date of Birth* DD / MM / YYYY

New postal address*

Dog's new physical address*

Telephone number*
include area code

Fax number
include area code

Email address

Owner of property*

Change address for all Council correspondence (eg. rates, water, debtors, etc.)

Apply for Refund

BANK ACCOUNT NO.

Dogs Name/Breed/Current Tag

NAME *	BREED*	ID*	Tag*
NAME *	BREED*	ID*	Tag*
NAME *	BREED*	ID*	Tag*

COMMENTS

Signature _____ Date (DD/MM/YYYY) _____

Thames-Coromandel District Council

For any enquiries, please contact our Customer Services Team

515 Mackay Street
Private Bag, Thames 3500
New Zealand
www.tcdc.govt.nz/dogs

District Office: 07 868 0200
Fax: 07 868 0234
E-mail: customer.services@tcdc.govt.nz

Coromandel: 07 866 1001
Mercury Bay: 07 867 2010
Whangamata: 07 865 0060

Office use:

DATE: INITIALS: PERS ID: PROP ID:

COMPUTER RECORDS UPDATED

COPY SENT TO NAR FOR CHANGE OF ADDRESS