

DOG REGISTRATION CANCELLATION

Owner's Name: _____

Residential Address: _____

Phone: _____

Dog's Name: _____

Registration Number: _____

Date: _____

Reason for cancellation:

1. Deceased:
 2. Transferred to other Local Government:
Name of Local Government (if known): _____
 3. Transferred to Organisation exempt from registration (*under Dog Act 1976 s.7(3)(b)*)
Name of organisation : _____
Contact Name: _____ Phone: _____
 4. Other - Details: _____
- Signature: _____
- Date: _____

Office use only:

Records amended: _____

Date: _____

Please email / fax or return form to:

City of Albany
102 North Road, Yakamia WA 6330
PO Box 484 Albany WA 6331
Fax number: 6820 3888
Email: staff@albany.wa.gov.au