



# Application for Dog Registration

## 2021/22

Northern Territory Local Government Act 2011  
Litchfield Council (Dog Management) By-laws

All dogs kept within the Litchfield municipality for 3 months or more must be microchipped and registered with Council in accordance with the Litchfield Council Dog Management By-laws.

OWNER DETAILS				DOB:	
Surname				ALTERNATE CONTACT	
Given names				Name:	
Phone				Ph:	
Email					
Postal address				Postcode:	
	Suburb:				
Address where dog/s will be kept				Postcode:	
	Suburb:				
DOG DETAILS					
Dog 1 - Name			Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Breed			De-sexed	Yes (proof required) <input type="checkbox"/>	No <input type="checkbox"/>
Age	Yrs	Mths	Colour		
Microchip No.			Animal No.	Tag No.	
Dog 2 - Name			Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Breed			De-sexed	Yes (proof required) <input type="checkbox"/>	No <input type="checkbox"/>
Age	Yrs	Mths	Colour		
Microchip No.			Animal No.	Tag No.	
Dog 3 - Name			Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Breed			De-sexed	Yes (proof required) <input type="checkbox"/>	No <input type="checkbox"/>
Age	Yrs	Mths	Colour		
Microchip No.			Animal No.	Tag No.	
Dog 4 - Name			Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Breed			De-sexed	Yes (proof required) <input type="checkbox"/>	No <input type="checkbox"/>
Age	Yrs	Mths	Colour		
Microchip No.			Animal No.	Tag No.	

Please ensure that your dog's details are kept up to date and that Council is notified of change of ownership of the dog, change of address where the dog is kept, if the dog leaves the municipality and/or if the dog is deceased.

Information relating to animal management within the Litchfield Municipality and a copy of the Litchfield Council (Dog Management) By-laws can be found on the Litchfield Council website [www.litchfield.nt.gov.au](http://www.litchfield.nt.gov.au).

#### DECLARATION

I, (print full name) \_\_\_\_\_ declare that all information stated and supplied within this application form is true and correct. I agree to comply with all requirements of the Litchfield Council Dog Management By-laws.

Signed: \_\_\_\_\_


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

#### 2020/21 REGISTRATION FEES

REGISTRATION CATEGORY	ANNUAL	ANNUAL CONCESSION	LIFETIME	LIFETIME CONCESSION
Entire dog	87.15	46.20	N/A	N/A
De-sexed dog (proof required)	21.00	10.50	105.00	52.50
Registered Breeder/Dogs NT Member	46.20	N/A	N/A	N/A
Declared Dangerous Dog	289.80	N/A	N/A	N/A
Working dog/Assistance dog/Service dog	Free	N/A	Free	N/A

- **Annual dog registration expires on 31 August.** A 50% pro rata fee applies for all **new annual** dog registration applications that are received after 1 March each year.
- **Puppies** under six months of age at 01 September receive up to one-year registration at no charge.
- The **concession fee** applies to dog owners who are in receipt of a government pension (*proof required*).
- The **Registered Breeder fee** applies to owners of entire dogs who are members of Dogs NT and who have agreed to abide by the North Australian Canine Association Rules, Regulations and Code of Ethics.
- Owners of **working dogs** are required to complete an **application for working dog registration concession form** which is available on the Council website.

Payment can be made in person at the Litchfield Council office or by completing the section below and posting the form to Litchfield Council, PO Box 446 Humpty Doo NT 0836, or email to [council@litchfield.nt.gov.au](mailto:council@litchfield.nt.gov.au). If returning the form with payment by mail or email, please include copies of sterilisation certificate and/or pension card (if applicable). Registration cannot be processed without the supporting documentation. A registration tag for your dog/s will be sent to your postal address with a receipt for payment.

Please debit my     Name on card \_\_\_\_\_

Card number \_\_\_\_\_ CCV \_\_\_\_\_ Expiry \_\_\_\_/\_\_\_\_

I authorise Litchfield Council to charge my credit card with the amount of \$ \_\_\_\_\_

Signature of cardholder \_\_\_\_\_ Date \_\_\_\_\_

#### Privacy Statement

The personal information provided on this form will be used by Litchfield Council for the purposes of fulfilling your request and undertaking associated Council functions & services. Your personal information will not be disclosed to any third party unless required or permitted by law.

#### Office Use Only

Total Paid	\$	Date		Receipt No.	
------------	----	------	--	-------------	--