

Declaration

As owner, I declare that all the information on this application is true and correct and I make it on the understanding that a person supplying false information is liable for prosecution under the Domestic Animals Act 1994. I also declare that the animals on this application are not a restricted breed. Restricted breeds in Victoria are: the American Pit Bull Terrier (or Pit Bull Terrier), Fila Brasileiro, Dogo Argentino, Japanese Tosa or the Perro de Presa Canario).

Owner's signature:

	Date: / /
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MILDURA RURAL CITY COUNCIL PRIVACY COLLECTION STATEMENT: Mildura Rural City Council collects personal and or health information for municipal purposes as specified in the Domestic Animals Act 1994. The information collected in this form is used only for the purposes specified (primary purpose) and is not passed on to third parties. Council may disclose this information but only if authorised or required by law. Council may not be able to process your request unless sufficient information is given. Should you need to change or access your personal details, or you require further information regarding Council's Privacy Policy please contact Council's Privacy Officer.

How to Pay

IN PERSON: Visit a Council Service Centre

BY MAIL: Complete the Credit Card Authorisation below or enclose a cheque and post the completed form to:

Mildura Rural City Council
PO Box 105 Mildura VIC 3502

Registration Fees

These fees are valid until 9 April 2025:

- Desexed dog/cat: \$51
- Non-desexed dog/cat: \$147
- Desexed dog/cat Pensioner Concession: \$25.50
- Non-desexed dog/cat Pensioner Concession: \$73
- Registration tag replacement: No charge

All applicants will need to provide:

- Proof of microchipping

To receive a discounted fee you will need to provide any of the following:

- Certificate of desexing/sterilisation
- Pension Card
- Certificate from an approved obedience training body
- Declaration or proof of working dog status
- Victorian Canine Association or Victorian Feline Association membership

OFFICE USE

AMOUNT	RECEIPT NO.
11/02/01	PF NO.
DATE	OFFICER

Credit Card Authorisation (if paying by mail)

- Mastercard
 VISA

Credit Card number:

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Cardholders name:

Expiry date:

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Cardholders signature:

Date:

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