Deceased Animal Notification

Microchip number

Species

☐ dog ☐ cat

Title:

Daytime phone number

First Name

Date the animal passed away

Family Name

Signature

Home address

Postcode

Were you the owner of this animal? Yes No

If no, what is your relationship to the owner? Eg. partner, sibling

This form has been developed to assist owners of companion animals in fulfilling their obligations to notify the NSW Companion Animals Register of events, such as the death of an identified companion animal, as listed under Section 11 of the Companion Animals Act 1998

Information provided on this form will be handled and processed by authorised Council officers in accordance with the Companion Animals Act 1998 and the Companion Animals Regulation 1999

Please complete all sections of this form in full and return to:

PO Box 9, BONDI JUNCTION NSW 1355

or Fax to (02) 9387 1820