

Transfer of ownership request (dog registration)



City of HOBART

When to use this form

Use this form if you want to transfer ownership of a dog that is currently registered to an address in the Hobart municipal area. It is important to note that both the previous and new owner must complete and sign the relevant sections of the form.

Please note that it is an offence to transfer ownership of a dangerous dog or a dog that is a declared dangerous breed without prior consent from the General Manager. For further information about this or about transfer of ownership in general please contact the Animal Management team on 6238 2711.

These above requirements are in line with Part 2 of the *Dog Control Act 2000*.

Dog details

Dog's name Required

Tag number Required

Desexed (Select 1 option) Required

yes

no

Microchip number Required

Previous owner's details

First name Required

Last name Required

Email Required

Telephone Required

Address where dog was kept Required

Declaration

I declare that I have transferred ownership of the dog currently registered in my name to the new owner named on this form. I understand that any outstanding infringement(s) or any other penalties that may have been incurred by me whilst the dog was registered in my name remains by responsibility.

(Select 1 or more options)

I agree that by typing my name below I have signed this form. Required

Name of signatory Required

Date Required

D	D	M	M	Y	Y	Y	Y
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New owner's details

First name Required

Last name Required

Email address Required

Telephone number Required

Address Required

Postal address (if different to above) Required

Date of birth Required

D	D	M	M	Y	Y	Y	Y
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Declaration

I declare the above information to be true in every respect to the best of my knowledge and belief in accordance with Section 78 of the *Dog Control Act 2000*. I agree to abide by the requirements of the *Dog Control Act 2000*, and am aware that failure to do this may result in my dog registration being cancelled at any time.

(Select 1 or more options)

I agree that by typing my name below I have signed this form Required

Name of signatory Required

Date Required

D	D	M	M	Y	Y	Y	Y
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For information on how Council manages, handles and protects personal information it collects please refer to the [Privacy Statement and Policy](#).

End of form