

Administration

Cnr Gilmore Ave & Sulphur Rd, Kwinana WA 6167 | PO Box 21, Kwinana WA 6966

Hours Mon-Fri 8:30am-4:30pm | **Telephone** Mon-Fri 8:00am-5:00pm 08 9439 0200**NRS** 133 677 (hearing/speech impaired) | **TIS National** 131 450 (Translating and Interpreting Service)customer@kwinana.wa.gov.au | www.kwinana.wa.gov.au

TRANSFER OF ANIMAL OWNERSHIP DETAILS

PREVIOUS OWNERS DETAILS

Full name

Residential Address

Postal Address

Date of birth

Email address

Phone

Fax

Mobile

NEW OWNERS DETAILS

Full name

Residential Address

Postal Address

Date of birth

Email address

Phone

Fax

Mobile

ANIMAL DETAILS

Name

Breed

Date of birth

Colour

Gender M/F

Microchip Number

Animal ID

I (full name)

being the previous owner, give

ownership of (animal name)

to (new owners full name)

as stated above. I have fulfilled all

requirements in regard to microchipping and sterilisation under the relevant Acts prior to this transfer of ownership.

Previous Owners Signature

New Owners Signature

OFFICE USE ONLY

Animal ID

Officer

Assessment Number

Date

Authority Update