



District Office
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Private Bag 544
Ngaruawahia 3742

Telephone (all hours) 07 824 8633
Call Free 0800 492 452
Fax 07 824 8091

Huntly Area Office 142 Main Street 0800 492 452
Raglan Area Office 7 Bow Street 07 825 8129
Tuakau Area Office 2 Dominion Road 0800 492 452
Tamahere Office 65 Devine Road 0800 492 452
(Telephone numbers office hours only)

Email: info@waikato.govt.nz
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Replacement Tag Request

Dog Control Act 1996, Section 46 (3) (4)

*Full Name		
*Postal Address		
Residential Address (if different from postal)		
Home Phone:	Work:	Mobile:
Date of Birth:	Email Address:	
Your date of birth is required to enable you to be distinguished from other person with the same name. Certainty of identification is required in the enforcement of the provisions of the Dog Control Act 1966.		

DOG PARTICULARS	DOG 1	DOG 2
PREVIOUS Tag number (please attach tag to application)	(Year) / (Number) /	(Year) / (Number) /
REPLACEMENT Tag Number	(Year) / (Number) /	(Year) / (Number) /
Age of dog	(Years) / (months) /	(Years) / (Months) /
Breed		
Colour		
Gender	Male Female	Male Female
Distinguishing marks / or tattoos? (please describe)		
Is dog desexed? (if YES please provide original certificate)	Yes No	Yes No
Microchip Number (please provide an original certificate)		
GST NO.52-054-982 A tax invoice will be issued when paid	TOTAL DUE (GST INCLUSIVE)	\$

DECLARATION, I herebyconfirm that the above information relating to the dog(s) in my care is correct, and that I do not own, nor have in my possession, any unregistered dog over the age of three months. I understand my obligation as a dog owner. (see overleaf)

OFFICE USE ONLY				
Amount Paid:\$	Date Paid:	Receipt no:		
ANI#	ANI#	Name Ctr:	PROP#	Policy: