



Deceased Dog Form
(Section 39, Dog Control Act 1992)

Owners name: _____

Address: _____

Phone number: _____

Dog ID: _____ Dog name: _____

Tag No: _____ Date of death: _____

I understand that making a false statement in this application may make me liable on conviction to a fine not exceeding \$3,000 under section 41A of the Dog Control Act 1996.

Owners signature _____ Date _____

(Confirming receipt of refund)

Please note: *If possible, please attach a copy of the vet's invoice /death certificate or receipt together with the registration tag.*

Office use only

Refund

Amount refunded \$ _____ Date processed: _____

(Refund amount is based on number of complete months remaining in the registration year after the date of the request for the refund.)

	Tag returned or		Vet invoice / death certificate attached
	Records updated		Form saved in Magiq customer dog account
	Transferring to rates/water other	Account number:	
	Bank account verification must be attached for a refund		

Bank account number

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Staff signature: _____

Date: _____

Manager Signature: _____

Date: _____

Kaipara District Council Offices

Dargaville: 32 Hokianga Road Dargaville 0310
Mangawhai: The Hub, 6 Molesworth Drive, Mangawhai 0505
Phone: 0800 727 059
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