

# Confirmation of lost/deceased or sold/transferred dog(s)



Hauraki District Council, PO Box 17 (William Street), Paeroa 3640, New Zealand, P: (07) 862 8609 or freephone (within district): 0800 734 834  
 E [info@hauraki-dc.govt.nz](mailto:info@hauraki-dc.govt.nz) [www.hauraki-dc.govt.nz](http://www.hauraki-dc.govt.nz)

Name of dog owner: \_\_\_\_\_

Dog owner's number \_\_\_\_\_

<b>Name of dog:</b>	<b>Dog no:</b>	<b>tag no:</b>
<i>(please tick <input checked="" type="checkbox"/>)</i>		
<input type="checkbox"/> Lost		
<input type="checkbox"/> Deceased / euthanized by Vet:	.....	
<input type="checkbox"/> Sold or transferred to:	.....	
<i>New owners name and address:</i>	.....	

<b>Name of dog:</b>	<b>Dog no:</b>	<b>tag no:</b>
<i>(please tick <input checked="" type="checkbox"/>)</i>		
<input type="checkbox"/> Lost		
<input type="checkbox"/> Deceased / euthanized by Vet:	.....	
<input type="checkbox"/> Sold or transferred to:	.....	
<i>New owners name and address:</i>	.....	

<b>Name of dog:</b>	<b>Dog no:</b>	<b>tag no:</b>
<i>(please tick <input checked="" type="checkbox"/>)</i>		
<input type="checkbox"/> Lost		
<input type="checkbox"/> Deceased / euthanized by Vet:	.....	
<input type="checkbox"/> Sold or transferred to:	.....	
<i>New owners name and address:</i>	.....	

Dog owner's signature ..... Date .....

Office Use Only – CSA Checklist		
<input type="checkbox"/> Vet Cert if applicable	<input type="checkbox"/> Tag sited / destroyed if applicable	<input type="checkbox"/> Refund applied for (if requested)
OFFICE USE ONLY – Animal Control Administration Checklist		
<input type="checkbox"/> Dog status changed	<input type="checkbox"/> Completed text note	