



DOG/CAT REGISTRATION CANCELLATION

Owner's Name: _____
Residential Address: _____
Dog <input type="checkbox"/> Cat <input type="checkbox"/> (please tick)
Dog/Cat's Name: _____
Registration Number: _____
Date of Cancellation: _____

Reason for cancellation:
Deceased: <input type="checkbox"/> Transferred out of Shire: <input type="checkbox"/> Other: _____

Signature: _____
Date: _____

Office use only:
Records amended: _____
Date: _____

Please email / fax or return form to:

Shire of Kojonup
PO Box 163, Kojonup WA 6395
Fax: 08 9831 1566
Email: council@kojonup.wa.gov.au