Shoalhaven City Council

Doc No.....

Ranger Services

Statutory Declaration

Companion Animals Act

City Administrative Centre Bridge Road, Nowra, NSW, Australia, 2541
Address all correspondence to: Ranger Services Manager, PO Box 42, Nowra, NSW, Australia, 2541 I DX 5323 Nowra
council@shoalhaven.nsw.gov.au I www.shoalhaven.nsw.gov.au I Phone: (02) 4429 3433 I Fax: (02) 4422 3162

Applicant

I, the undersigned,..... in the State of .....
(Name of Declarant)

of,.....
(Address)

Phone:..... Mobile: ..... Email:.....

and relating to Microchip No: ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐ ☐☐☐

Do solemnly and sincerely declare that my: ☐ Dog ☐ Cat Name:.....

☐ **a)** is permanently incapable of reproduction (includes being desexed). Date desexed:.....

☐ Particulars of animal are attached Name of Vet clinic:.....

☐ **b)** has passed away. Date animal died:..... Was a Vet involved? Yes ☐ No ☐

Name of Vet clinic:.....

and / or

☐ **c)** Please state.....

.....

.....

.....

.....

.....

.....

.....

and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1900.

Declared at ..... on ..... Signature: .....
(Place) *(Date)* *(Signature of Declarant)*

in the presence of an authorised witness, who states:

I, ... a .....
(name of authorised witness) *(qualification of authorised witness JP number if applicable)*

certify the following matters concerning the making of this statutory declaration by the person who made it: *(*please cross out any text that does not apply)*

1.*I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering, and

2.*I have known the person for at least 12 months OR *I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was .....
(describe identification document relied on)

Signature: ....
(Signature of authorised witness) *(Date)*

Privacy Notification: The information provided is collected by Shoalhaven City Council for administrative purposes. This information may be included on the NSW Companion Animals Register administered by Office of Local Government NSW, and will be managed in accordance with Council's Privacy Management Plan, Council Policy, the Companion Animals Act and other legislative requirements.