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| **APPLICATION FOR A CAT CERTIFICATE OF REGISTRATION** | | | | |
| **Western Australian Cat Act 2011** | | | | |
| [r.11,14,21 and 25] | | | | |
| **Owner Details:** | | | | |
| Name : | |  | | |
| Residential Address : | |  | | |
| Postal Address : (if different from Residential) | | |  | |
|  | |  | | |
| Contact Telephone No : | |  | | |
| Email Address : | |  | | |
| Owner DOB : (dd/mm/yy) | | (owner must be 18 years or older) | | |
| Concession Holders: (Pensioner Concession Holders, State Concession Card or Commonwealth Seniors Health Card together with Seniors Card) Card/s must be sighted. | | | |  |
| Pension Number: | |  | | |
| Do you have any convictions for offences against the Dog Act 1976, Cat Act 2011 or Animal Welfare Act 2002 in the past 3 years? No Yes | | | | |
| (if yes please give details specifying the date of conviction, nature of offence and legislation used) | | | | |
| **Alternate/Emergency Contact** | | | | |
| Name : |  | | | |
| Address : |  | | | |
| Contact Number : |  | | | |

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| **Cat Details:** | | | | | | |
| Address where cat is normally kept : (If different to residential address) | | | | | | |
|  | | | | | | |
| Number of Cats to be located at these premises: | | | | | |  |
| Cat Name: | | | |  | | |
| Breed : | | | | | | |
| Microchip Number : (Mandatory) |  | | | | | |
| Colour: |  | | | | | |
| Any distinguishing features or marks? | | | | | | |
| Sex : Male Female | | Sterilised : No Yes | | | | |
| IF **No sterilisation**; Is the exemption granted by a veterinarian? | | | No | | Yes | |
| Is the custodian a member of a prescribed exempt organization? | | | No | | Yes | |
| Please give details of prescribed exempt organization | | | | | | |
| Approved breeder? | | | No | | Yes | |
| Previous local government where cat was registered : (if known) | | | | | | |
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| **REGISTRATION**  Application for: (Registration renewals due 31st October) | | |
| A period of 1 year |  | Sterilised fee $20.00 |
| A period of 3 years |  | Sterilised fee $42.50 |
| Lifetime |  | Sterilised fee $100.00 |
| Concession rate 50% of above fees with valid pension Card. | | |

**IMPORTANT: Please read and sign this declaration, registration will not be processed without your signature.**

1. The Information I have provided is true and correct and I am aware that it is an offence to provide false and misleading information.

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| Owners/Agent signature |  |
| Date: |  |

**Office Use Only**

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| Assigned Tag Number: | Receiving Officer: |