



CAT REGISTRATION APPLICATION FORM - Western Australian Cat Act 2011

FEES PAYABLE <i>(Please tick one)</i>	1 YEAR	3 YEARS	LIFETIME
STERILISED	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$100.00
PENSIONER DISCOUNT A 50% concession is available to eligible pensioners	Pensioners <u>MUST</u> produce one of the following: Pension Concession Card, State Concession Card or a Statutory Declaration quoting the pension number. Pension card sighted <input type="checkbox"/>		

OWNER DETAILS - MUST be over 18 years of age
OWNER'S NAME: OWNER'S DATE OF BIRTH:/...../.....
RESIDENTIAL ADDRESS:..... PEPPERMINT GROVE, 6011
POSTAL ADDRESS: <i>(if different from above)</i>
TELEPHONE (M):(W):(H):
EMAIL: <i>(please print clearly)</i>
ALTERNATIVE CONTACT: Name:(M):

CAT DETAILS
ADDRESS <i>(where is the cat usually kept)</i> :
CAT'S NAME: AGE: YEARS MONTHS
PRIMARY BREED:..... GENDER: MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/>
PRIMARY COLOUR:..... STERILISED: YES: <input type="checkbox"/> NO: <input type="checkbox"/>
MICROCHIP NO: <i>(proof required)</i> <i>(Please provide a copy of sterilisation papers)</i>
NUMBER OF CATS located at these premises.....
ALTERNATIVE CONTACT: Name:(M):
PREVIOUS LOCAL GOVERNMENT <i>(if transferring registration)</i>

PREVIOUS CONVICTIONS
Do you have convictions for offences against the Cat Act 2011, Dog Act 1976 or Animal Welfare Act 2002 in the past 3 years. YES: <input type="checkbox"/> NO: <input type="checkbox"/>

PLEASE READ AND SIGN THE OWNER / AGENT DECLARATION	PAGE 1 OF 2
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I, of.....
as the owner / agent of the cat, declare that:
1/ I am over 18 years of age.
2/ The particulars shown on this application are true to the best of my knowledge and belief.
3/ I am aware that it is an offence to provide false and misleading information.
4/ Fencing requirements as per Section 16(1a) of the Dog Act are complied with at all times.

OWNER/AGENT SIGNATURE.....DATED.....

FOR OFFICE USE ONLY	ANIMAL NUMBER		CAT TAG NUMBER	
	REG. EXPIRY DATE 31/10		DATE OF REGISTRATION	
	REGISTERING OFFICER		RECEIPT NUMBER	

