



APPLICATION FOR A CERTIFICATE OF REGISTRATION

Western Australian Cat Act 2011 (s.8)

File No: _____

Record No: _____

[r. 11, 14, 21 and 25]

OWNER'S DETAILS

Full Name:			
Residential Address:			
Postal Address:			
Date of Birth: (18ys & older)			
Contact Number: Home		Work:	
Mobile:		Email:	

ALTERNATIVE CONTACT DETAILS

Name of Alternative:			
Residential Address:			
Postal Address:			
Date of Birth: (18ys & older)			
Contact Number:			

PREVIOUS CONVICTIONS

Do you have any convictions for offences against this Act, Dog Act 1976, Cat Act 2011 or Animal Welfare Act 2002 in the past 3 years? Yes No

If Yes, please give details, specifying the date of the conviction(s), nature of the offence and the legislation involved: _____

CAT DETAILS

Address where cat is kept:			
Number of cats at this address:			
Cat's Name:		Age:	___ Years ___ Mths
Breed (if known):		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Distinguishing Marks or Features:		Colour:	
Microchip Number:			
Is the cat sterilised?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exemption – Please attach details of exemption including the details of issuing veterinarian.		

CAT DETAILS CONTINUED

Is the custodian a member of a prescribed exempt organisation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please give details of the prescribed exempt organisation:		
Approved Breeder:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CAT REGISTRATION FEES

1 Year:	<input type="checkbox"/> \$20	3 Years:	<input type="checkbox"/> \$42.50	Lifetime:	<input type="checkbox"/> \$100
<i>Concession rate of 50% of above fees with valid Pension Card</i>					
Are you eligible for a pensioner concession?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Previous local government where cat was registered:					
Registration Number:					

Payments can be made by cash, cheque or EFTPOS in person at the Shire of York Office, 1 Joaquina St, York WA 6302, or direct bank deposit to: Shire of York, BSB: 633-000, Account No.: 118630623

DECLARATION

The local government may refuse an application if any or all of the required information is not provided within the time period specified in the legislation.

I, _____ of _____
(name) (address)

Declare that the information I have provided is true and correct.
I am aware that it is an offence to provide false and misleading information.

Signature: _____ Date: _____

Further details required by local government

OFFICE USE ONLY

Assigned Tag Number:		Registered until:	
Receipt Number:		Concession details:	
Fee:		Documentation Sighted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving Officer:		Signature:	