

Administration

Cnr Gilmore Ave & Sulphur Rd, Kwinana WA 6167 | PO Box 21, Kwinana WA 6966

Hours Mon-Fri 8.30am-4.30pm | **Telephone** Mon-Fri 8am-5pm 08 9439 0200customer@kwinana.wa.gov.au | **www.kwinana.wa.gov.au**

Cat Registration

Form 1 (Cat Act 2011 and Cat Regulations 2012)

| | Registration Fees | | |
|--------------------|-------------------|---------|----------|
| | 1 Year | 3 Years | Lifetime |
| Fees Payable | \$20 | \$42.50 | \$100 |
| Pensioner Discount | \$10 | \$21.25 | \$50 |

Pension Concession Card State Concession Card

Commonwealth Seniors Health Card with a WA Seniors Card

Card No:

EXPIRY 31 OCTOBER 20

ANIMAL ID #

TAG #

RECEIPT #

REGISTRATION OFFICER

OFFICE USE ONLY**Part A – Owner Details**

Cat owner's full name:

DOB (dd/mm/yy): / /
(Owner must be 18 years or older)

Residential address:

Postal address: (if different from above)

Contact telephone number: (H)

(W)

(M)

Email address (if available):

If you provide the local government with your email address this may be used to issue renewal notices and other relevant information.

Alternative contact details

Name of alternative:

Contact telephone number:

Part B – Cat details

Cat's name:

Breed:

DOB (dd/mm/yy): / /

Colour:

Gender: M F

Sterilised? Yes No

Please provide proof

Microchip number:

Microchip database company:

(Please provide proof)

Any distinguishing features or marks?

Address where cat is normally kept: (if different from residential)

Number of cats to be located at these premises:

Is the custodian a member of a prescribe exempt organisation?

Yes

No

Please give details of the prescribed exempt organisation:

Approved breeder?

Yes

No

Part E – Previous convictions, relevant ordersDo you have any convictions for offences against the *Dog Act 1976, Cat Act 2011 or Animal Welfare Act 2002* in 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:

Part F – 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,

(person's full name or organisation/company name)

of

(address)

(postcode)

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: / /