



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 <input type="checkbox"/> Yes <input type="checkbox"/>	
(if yes please give details specifying the date of conviction, nature of offence and legislation used)	
Alternate/Emergency Contact	
Name :	
Address :	
Contact Number :	

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 : <input type="checkbox"/> Male <input type="checkbox"/> Female	Sterilised : <input type="checkbox"/> No <input type="checkbox"/> Yes	
IF No sterilisation ; Is the exemption granted by a veterinarian?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is the custodian a member of a prescribed exempt organization?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Please give details of prescribed exempt organization		
Approved breeder?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Previous local government where cat was registered : (if known)		

REGISTRATION		
Application for:		(Registration renewals due 31st October)
A period of 1 year	<input type="checkbox"/>	Sterilised fee \$20.00
A period of 3 years	<input type="checkbox"/>	Sterilised fee \$42.50
Lifetime	<input type="checkbox"/>	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.

Owners/Agent signature	
Date:	

Office Use Only

Assigned Tag Number:	Receiving Officer:
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