

CAT REGISTRATION APPLICATION

— CAT ACT 2011 —



9 Brooking St
PO Box 96
WILLIAMS WA 6391



(08) 9885 1005



www.williams.wa.gov.au
shire@williams.wa.gov.au

8:00am - 5:00pm
MONDAY - FRIDAY

OWNER DETAILS

FULL NAME

STREET
ADDRESS

POSTAL
ADDRESS

TELEPHONE

EMAIL

ALTERNATIVE
CONTACT NAME

ALTERNATIVE
NUMBER

CAT DETAILS

ADDRESS WHERE
CAT IS KEPT.

CAT'S NAME

D.O.B
/ AGE

SEX M

F

BREED

COLOUR

MARKS /
FEATURES

STERILISED? Y N

IF NO, IS THE EXEMPTION GRANTED BY A VETERINARIAN? Y N

PLEASE GIVE DETAILS OF THE EXEMPTION INCLUDING DETAILS OF ISSUING VETERINARIAN

APPROVED BREEDER? Y N

If yes, attach a copy of Certificate of Approved Cat Breeder.

PREVIOUS LOCAL GOVERNMENT WHERE CAT WAS REGISTERED _____

REGISTRATION NUMBER: _____ EXPIRY DATE: _____

PREVIOUS OWNER DETAILS: _____

DECLARATION

I (NAME) _____ DECLARE THAT:

- I AM OVER 18 YEARS OF AGE;
- THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT;
- I AM AWARE THAT IT IS AN OFFENCE TO PROVIDE FALSE AND MISLEADING INFORMATION;
- I AM NOT CURRENTLY BANNED, OR HAVE EVER BEEN BANNED FROM OWNING A DOG UNDER THE *DOG ACT 1976*;
- I DO NOT HAVE ANY CONVICTIONS FOR OFFENCES AGAINST THE *DOG ACT 1976, CAT ACT OR ANIMAL WELFARE ACT*.

SIGNATURE _____

DATE

/ /

OFFICE USE ONLY

REGISTRATION APPROVED: OCTOBER 31ST 20____ OR LIFETIME TAG NUMBER: _____

APPROVED BREEDER: *Attach a copy of Certificate of Approved Cat Breeder*

STERILISATION CERTIFICATE OR STATUTORY DECLARATION ATTACHED:

MICROCHIP EVIDENCE ATTACHED: NUMBER: _____

COPY OF PENSIONER CARD ATTACHED:

APPROVED BY: _____ DATE: _____

REGISTRATION PERIOD FROM 1ST NOVEMBER TO 31ST OCTOBER

		FEE	FEE paid after 31st May
1 YEAR REGISTRATION	STANDARD	\$20.00	\$10.00
	PENSIONER	\$10.00	\$5.00
3 YEAR REGISTRATION	STANDARD	\$42.50	-
	PENSIONER	\$21.25	-
LIFETIME REGISTRATION	STANDARD	\$100.00	-
	PENSIONER	\$50.00	-