



APPLICATION FOR REGISTRATION OF CAT

Owner details (must be over 18 years of age, one owner only)

First name		Middle name	
Surname			
Residential address		Suburb	
Postal address (if different from above)			
Suburb		Postcode	
Ph (home)	(work)	(mobile)	
Email (please provide if you wish to receive renewals or other relevant information)			
Date of birth (owner must be 18 years or older)			

Cat details

Address (where cat is normally kept, if different to above)		
Suburb		Postcode
No. of cats to be located at these premises	Name	Breed
Date of birth	Colour	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Previous local government where cat was registered (if applicable)		

Sterilised*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Micro-chipped*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Micro-chip no.*	
Exempt organisation*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved breeder*	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Important information

Proof of sterilisation, micro-chipping, prescribed organisation exemption, breeder registration or concessions must be attached in support of this application. Failure to provide this information may delay or terminate the registration approval process.

Fees

Registration	Full	Pensioner**	Office use only	
One year	<input type="checkbox"/> \$20	<input type="checkbox"/> \$10	Tag no.	
Three years	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$21.25	Registering officer	
Lifetime	<input type="checkbox"/> \$100	<input type="checkbox"/> \$50	Animal no.	Date

** Upon sighting of valid Pensioner Card.



This is to certify that

Name of cat	Breed	Colour	Date of birth	Gender	Sterilisation status
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cat registration number		Animal number		This registration expires on	
				31/10/ _____	<input type="checkbox"/> Life of cat

Previous convictions

Do you have any previous convictions for offences against the *Cat Act 2011*, the *Dog Act 1976* or *Animal Welfare Act 2002* in the past three years?

Yes No

If yes, please give details specifying the date of the conviction(s), nature of the offence and the legislation involved.

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

Payment options



Pay by post

Cheque or money order payable to:
Town of Victoria Park, Locked Bag 437, Victoria Park WA 6979



Pay in person

Cash, cheque, EFTPOS, money order or credit card to:
Administration, Town of Victoria Park, 99 Shepperton Road, Victoria Park
Cashier office hours: Monday to Friday, 8.30am - 5pm

Has been registered by



TOWN OF VICTORIA PARK



Name (person or organisation / company name)

Street address

Suburb / town

Postcode

Registration officer signature

Date