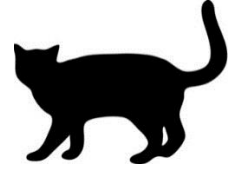


SHIRE OF SHARK BAY

ABN 76 409 342 873
65-67 Knight Tce (PO Box 126) Denham WA 6537
Telephone: (08) 9948 1218
Facsimile: (08) 9948 1237
Email: admin@sharkbay.wa.gov.au



TAX INVOICE



CAT REGISTRATION

Cat Act 2011

A DESCRIPTION OF CAT OWNED BY THE UNDERMENTIONED AND TO BE ORDINARILY KEPT AT THE ADDRESS SHOWN IS HEREBY GRANTED FOR THE PERIOD SPECIFIED COMMENCING 1ST NOVEMBER

PAYMENTS RECEIVED AS PER CASH REGISTER IMPRINT

THIS INVOICE IS GST FREE

**THIS NOTICE
MUST BE
PRESENTED
INTACT WHEN
MAKING
PAYMENT**

NAME
ADDRESS
PHONE NUMBER

FEES PAYABLE

1 YR	20.00
3 YRS	42.50
LIFETIME	100.00

EMERGENCY CONTACT:

(PENSIONER: 50% OF ABOVE FEES)
UPON PRESENTATION OF CARD

UPON PRODUCTION OF A REGISTERED VETERINARY SURGEON'S CERTIFICATE OF STATUTORY DECLARATION
(THE AMOUNT IMPRINTED BY THE CASH REGISTER DETERMINES THE PERIOD OF REGISTRATION)

CAT NAME		COLOUR		BREED OF CAT	
MICROCHIP NUMBER:					
SEX	STERILISED	AGE	MICROCHIPPED	TAG No.	AMOUNT PER REGISTRATION 1 YEAR OR 3 YEARS

OWNER OR AGENTS DECLARATION

1. ANY CHANGE IN THE ABOVE PARTICULARS MUST BE NOTIFIED TO COUNCIL IMMEDIATELY, E.G. SALE OR DEATH OF CAT, CHANGE OF OWNER'S ADDRESS ETC.
2. CATS SIX MONTHS AND OVER MUST BE REGISTERED.
3. THIS REGISTRATION IS VALID UNTIL 31ST OCTOBER, UNLESS CANCELLED PURSUANT TO SECTION 10 OF THE ACT.
4. UNREGISTERED CAT – MAXIMUM PENALTY \$5,000.

I..... (Print Name)
being the owner (or authorised agent of owner) of the cat whose details appear above declare that I am/the owner is not under 18 years of age and the details of this application are true to the best of my knowledge and belief, and I certify, for the purposes of section 16 (1a) of the Act, that means exist on this premises at which the cat will ordinarily be kept for effectively confining the cat within those premises.

.....
Registration Officer Signature

.....
Owner/Agent Signature

Date of Issue: