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P.O. Box 22, York
Western Australia, 6302

APPLICATION FOR A CERTIFICATE OF REGISTRATION

Western Australian Cat Act 2011 (s. 8)

[r. 11, 14, 21 and 25]

OWNER DETAILS

Full name _____
Residential address _____
Postal address (if different from above) _____
Date of Birth (dd/mm/yy) ____/____/____ (Owner must be 18 years or older)
Contact telephone number (Home) _____ (Work) _____
(Mobile) _____ Email address _____

Alternative Contact Details

Name of alternative _____
Residential address _____
Postal address (if different from above) _____
Date of Birth (dd/mm/yy) ____/____/____ (Must be 18 years or older)
Contact telephone number _____ (Home / Work / Mobile)

PREVIOUS CONVICTIONS

Do you have any convictions for offences against this Act, *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 _____

CAT DETAILS

Address where cat is normally kept (if different from above) _____

Number of cats to be located at these premises _____
Cat's name _____ Age: _____ years _____ months
Breed (if known) _____ Colour _____
Gender _____ Microchip number _____

Any distinguishing features or marks? _____

Is the cat sterilised **Yes/No** If **No**: Is the exemption granted by a veterinarian? **Yes/No**

Please attach details of the exemption including details of issuing veterinarian.

Is the custodian a member of a prescribed exempt organisation **Yes/No**

Please give details of the prescribed exempt organisation _____

Approved breeder? **Yes/No**

continues overleaf...→

REGISTRATION

Application or renewal for:

A period of 1 year Prescribed fee \$20.00

A period of 3 years Prescribed fee \$42.50

Lifetime registration Prescribed fee \$100.00

Registration number _____

Concession rate 50% of above fees with valid Pension Card.

Are you eligible for a pensioner concession? **Yes / No**

Previous local government where cat was registered _____

Registration number _____

Payments can be made by cash, cheque, EFTPOS or direct bank deposit to:

Shire of York, BSB: 633-000, Account No.: 118630623.

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, _____ of _____
 (name) (address)

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 _____

Further details required by local government

LOCAL GOVERNMENT USE ONLY

Assigned Tag Number: _____

Registered Until: _____

Receipt Number: _____

Concession Details: _____

Fee: _____

Documentation sighted? Y / N

Receiving Officer: _____

Signature: _____