

SHIRE OF VICTORIA PLAINS

Cat Registration Form

NEW/RENEWAL

l <u>,</u>	of s Full Name	Residential Address	
Owners Full Name		Residential Address	
Suburt	declare that	I am the owner of the cat, listed in this application.	
riione. (H)	(M)		
	(W)		
I certify that I am the this application, and	owner of the cat OR the duly auth	horized agent of the cat, particulars of which are listed in	
	he owner is - (delete whichever does n	not apply): not under eighteen (18) years of age and	
that the particulars sh	own in this application are true an	nd correct to the best of my knowledge and belief.	
TAG NO	NAME OF CAT	MICROCHIP NO (attach sticker)	
GENDER &			
STERILISED Y/N	AGE OF CAT	COLOUR & BREED	
AMOUNT	DECEMENTAL MARKET		
PAID	RECEIPT NUMBER	CONCESSION Y/N & NUMBER	
Emergency Conta	act Details		
Full Name:			
Address:			
Phone: (H)	(M)	(W)	
	ear <u>sterilized</u> cat \$20.00 Proof o ears <u>sterilized</u> cat \$42.50 Proof		
	etime <u>sterilized</u> cat \$42.50 Proof		
All	cats must be sterilized and mid	crochipped before they can be registered.	
	50% concession is available for ension/healthcare card must be	eligible pensioners/health care card	
()	moionmealtheart eard mast be	Shown at time of registration,	
SIGNATURE OF CAT	OWNER:		
Cor	ncession Number:		
55.			
SIGNATURE OF REG	SISTRATION OFFICER:	DATE OF ISSUE:	