

Dog Registration (Dog act 1976) Application for Registration



Shire of Victoria Plains

28 Cavell Street

Calingiri WA 6569

Ph: 08 9628 7004

Email: reception@victoriaplains.wa.gov.au



OWNER DETAILS (must be over 18 years of age)

Full Name:					
Residential Address:					
Suburb:		Post Code:			
Postal Address:					
Suburb:		Post Code:			
Mobile:		Phone (H):		Phone (W):	
Is Working Dog Concession being claimed? <i>(dog used for droving or tending stock)</i>			Yes		No
Pension Number:			Concession Holders: (Pensioner Concession Holders, State Concessions Card, Commonwealth Seniors Health Card with a WA Seniors Card), please attach photocopy		

ALTERNATE CONTACT DETAILS (if we cannot contact the registered owner)

Full Name:					
Mobile:		Phone (H):		Phone (W):	

DOG (1) DETAILS

Name:			Breed:		
DOB:			Colour:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Microchip:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sterilised:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Microchip No:		
If not sterilised, is the exemption granted by a Vet?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please give details of exemption including details of vet:					

DOG (2) DETAILS

Name:			Breed:		
DOB:			Colour:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Microchip:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sterilised:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Microchip No:		
If not sterilised, is the exemption granted by a Vet?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please give details of exemption including details of vet:					

DOG (3) DETAILS

Name:			Breed:		
DOB:			Colour:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Microchip:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sterilised:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Microchip No:		
If not sterilised, is the exemption granted by a Vet?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please give details of exemption including details of vet:					

Registration Fees (please tick the appropriate box)						
Full				Pension/Concession		
Unsterilised	1 Year	<input type="checkbox"/>	\$50.00	1 year	<input type="checkbox"/>	\$25.00
Unsterilised	3 Year	<input type="checkbox"/>	\$120.00	3 Year	<input type="checkbox"/>	\$60.00
Unsterilised	Lifetime	<input type="checkbox"/>	\$250.00	Lifetime	<input type="checkbox"/>	\$125.00
Sterilised	1 Year	<input type="checkbox"/>	\$20.00	1 Year	<input type="checkbox"/>	\$10.00
Sterilised	3 Year	<input type="checkbox"/>	\$42.50	3 Year	<input type="checkbox"/>	\$21.25
Sterilised	Lifetime	<input type="checkbox"/>	\$100.00	Lifetime	<input type="checkbox"/>	\$50.00
<i>If application is for grant of registration and is made after 31 May for registration until the next 31 October:</i>						
	<input type="checkbox"/>		\$10.00		<input type="checkbox"/>	\$5.00
Fee for application for grant OR renewal of approval to BREED dogs per dog/per year:						
	<input type="checkbox"/>		\$100.00		<input type="checkbox"/>	\$100.00

IMPORTANT: Please read and sign this declaration.
Registration will not be processed without your signature.

- The particulars shown in 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 the premises at which the dog will ordinarily be kept for effectively confining the dog within those premises.
- The premises shall be maintained in good order and in clean and sanitary conditions.
- The yard (or part thereof) of the property at which the dog is to be kept is capable of confining the dog.
- I am aware that it is an offence to provide false and misleading information
- I understand that the Shire of Victoria Plains may refuse an application if any or all of the required information is not provided within the time period specified in the legislation
- I am/or the owner is not under 18 years of age

Signature:		Date:	
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Proof of Sterilisation/Microchip (if new registration or newly sterilised/microchipped)

- Please attach copy of:
- Proof of Sterilisation (either a Veterinary Surgeon Certificate or Signed Statutory Declaration)
 - Microchip Certificate

Official use only

ASSESSMENT NO: _____ (If required)						
TAG NUMBER/s:	DOG 1		DOG 2		DOG 3	
RECEIPT NO:						
DOG 1	PERIOD	1YR		3 YR		LIFE
DOG 2	PERIOD	1YR		3 YR		LIFE
DOG 3	PERIOD	1YR		3 YR		LIFE
REG OFFICER SIGNATURE:						
DATE:						