

Cat Registration (Cat act 2011) 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 a concession being claimed for the following registration/s?				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):			

CAT (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:							

CAT (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:							

CAT (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		
1 Year	<input type="checkbox"/>	\$20.00	1 year	<input type="checkbox"/>	\$10.00
3 Year	<input type="checkbox"/>	\$42.50	3 Year	<input type="checkbox"/>	\$21.25
Lifetime	<input type="checkbox"/>	\$100.00	Lifetime	<input type="checkbox"/>	\$50.00
If application is for grant of registration and is made after 31 May for registration until the next 31 October:					
	<input type="checkbox"/>	\$10.00		<input type="checkbox"/>	\$5.00
Fee for application for grant OR renewal of approval to <u>BREED</u> cats per cat/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.

1.	I am aware that all cats aged six months and over must be registered (penalty for not doing so - \$5,000)	
2.	The premises shall be maintained in good order and in clean and sanitary conditions.	
3.	The Shire must be contacted of any changes in ownership, the death of a cat, or any change of address	
4.	I am aware that it is an offence to provide false and misleading information	
5.	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	
6.	I am/or the owner is not under 18 years of age	
Signature:		Date:

Proof of Sterilisation/Microchip (if new registration or newly sterilised/microchipped)
Please attach copy of:
<ul style="list-style-type: none"> • Proof of Sterilisation (either a Veterinary Surgeon Certificate or Signed Statutory Declaration) • Microchip Certificate

Official use only							
ASSESSMENT NO:				(If required)			
TAG NUMBER/s:	CAT 1		CAT 2		CAT 3		
RECEIPT NO:							
CAT 1	PERIOD	1YR		3 YR		LIFE	
CAT 2	PERIOD	1YR		3 YR		LIFE	
CAT 3	PERIOD	1YR		3 YR		LIFE	
REG OFFICER SIGNATURE:							
DATE:							