

ABN: 87 285 608 991

CAT REGISTRATION FORM

Application for a Certificate of Registration WA CAT ACT 2011

A OWNER DETAILS (Must be	e over 18 years of	age)				
Full Name:	Date of Birth:					
Postal Address:						
Residential Address:						
Home Number:	Work	No:		Mobile No:		
Email Address:				Is Pensioner:	YES	NO
B CAT DETAILS						
Name:		Age:		Sex:	Male	Female
Breed:		Colour/M	arkings:			
Microchip Number:		U	Database Com	npany:		
Sterilised: (Proof required)	YES NO	No. of Cat	s to be located	at these prem	ises:	
Sterilisation or microchip exemp	otion granted: (If Yes	s, certificate	e required from	n veterinarian)	YES	NO
Is the Cat owned by an approved Breeder?						NO
Is the Cat in custody of a prescribed organisation and/or member?						
If Yes, who?						NO
Address where cat is normally I	kept: (If different fro	om postal o	r residential ad	dress above):		
C ORDERS						
Do you have any convictions for the Animal Welfare Act 2002 in If Yes, please give details, specif the legislation involved:	the past 3 years?		_		YES	NO
D PLEASE READ AND <u>SIGN</u> TH	IIS DECLARATION					
(A) I am/the owner is not under 18 (B) The Local Government may refu		or all of the re	quired information	n is not provided v	within the tim	ne period

- Means exist on the premises shown above for effectively confining the cat within the premises; (C)
- The particulars shown in this application are true and correct. I am aware that it is an offence to provide false and misleading (D)
- Should payment be made by credit card, it is agreed that once payment has been processed, the credit card details on this form (E) will be concealed by the City for security purposes.

OWNER:	AGENT:	NAME:	Signature:	Date:

This registration is valid until 31/10/20___; and subject to all legislative provisions which may apply to this registration (Including but not limited to the relevant provisions under the Cat Act 2011and the City of Busselton Local Law relating to the Keeping and Control of Cats.

OFFICE USE ONLY								
OLD REG NO	NEW REG NO	ANIMAL ID	CAT NAME		OWNER NAME			
			•					
PLEASE SEE THE REVERSE OF THIS FORM FOR FURTHER INFORMATION				TOTAL P	AYABLE	1 YEAR: \$ 3 YEAR: \$		
						LIEETIME· ¢		

REGISTRATION FEES 3 Year Renewal Lifetime 1 Year Renewal **Pension Concession** Full **Pension Concession** Full **Pension Concession** Full \$50.00 \$20.00 \$10.00 \$42.50 \$21.25 \$100.00

F CONDITIONS

- 1. Cat owners are reminded that cats six months and over must be registered. The City also requests that cat owners inform the City immediately of any change in ownership, the death of a cat or change in address.
- 2. Failure to register a cat may result in a \$5,000.00 penalty under the Cat Act 2011.
- 3. Cats are not allowed to wander within a public place or wander on private property without consent.
- 4. Cats must be sterilised (unless exempt or an approved breeder), microchipped (unless exempt) and wear their registration tag at all times.
- 5. Cat owners (unless exempt or an approved breeder) must supply a veterinarian's sterilisation certificate or sign a statutory declaration to that effect.
- 6. To be exempt from sterilising or microchipping your cat, you must supply a certificate from your veterinarian stating that sterilising or microchipping your cat would adversely affect its health.
- 7. The maximum number of cats to be kept on any premises is two (2) over the age of six (6) months (dispensation can be given to keep more than two (2) cats in some cases, but subject to a written request to the City and certain conditions being met).

If you are a current member of one of the following organisations and associations, please provide your member details.

- Cat Owners Association of Western Australia (COAWA)
- Feline Control Council of Western Australia (FCCWA)
- Australian National Cats (ANCATS)

G PAYMENT OPTIONS

Application Forms must be processed prior to making a payment

Payment must be received within 7 working days following notification as registration is invalid without payment

PAYING BY PHONE

Registrations can be paid via Customer Service on 08 9781 0444





Office Hours:

Mon - Fri 8.30am to 4.30pm Contact Number : (08) 9781 0444

PAYING BY POST



CITY OF BUSSELTON
Locked Bag 1

BUSSELTON WA 6280

Complete and return this form with your cheque or money order

made payable to the City of Busselton

Please note cash will NOT be accepted by mail

PAYING IN PERSON



Office Hours:

Mon - Fri 8:30 am to 4:30 pm

Tel: (08) 9781 0444

Cash, Cheque, EFTPOS Money Order or Credit Card payments can be taken in person at the:

City Administration Offices - 2 Southern Drive Busselton

Please present this form when making a payment