

A) OWNER DETAILS

(must be over 18 years of age)

Title: (Mr Mrs Ms) First name: Middle name: Last name: D.O.B.: (dd/mm/yyyy)

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Residential address: Suburb: Postcode:

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Postal address: Suburb: Postcode:

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Contact: (Work) (Mobile or Home) Pension Concession Number (proof required)

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Email address (if available):

	Can your local Government use this email address to issue renewal notices and other relevant information? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Alternate contact details (optional) (must be over 18 years of age)

Title: (Mr Mrs Ms) First name: Middle name: Last name: D.O.B.: (dd/mm/yyyy)

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Residential address: Suburb: Postcode:

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Contact: (Home) (Work) (Mobile)

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B) CAT DETAILS

Please note: evidence must be provided of your cat microchip and sterilisation details prior to your application being processed. If your cat is eligible for an exemption please complete the details in the relevant section below.

Address where cat is normally kept: (if different from above) Suburb: Postcode:

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Number of cats to be located at these premises: Cat's age or D.O.B.: (dd/mm/yyyy) Any distinguishing features or marks?

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Cat's name: Breed: Colour:

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Microchip number: (proof required) Is the cat sterilised? (proof required) Approved breeder? Gender:

	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
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Is the custodian a member of prescribed exempt organisation? If yes, please give details of the exemption including details of the Veterinarian:

Yes <input type="checkbox"/> No <input type="checkbox"/>	

If cat is not sterilised, please give details of the exemption including details of the Veterinarian:

C) REGISTRATION

Registration period (tick required box)	1 Year (Full fee)	1 Year (Pensioner)	3 Year (Full fee)	3 Year (Pensioner)	Lifetime (Full fee)	Lifetime (Pensioner)
	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$21.25	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$50.00

Previous Local Government where cat was registered: Registration number:

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OFFICE USE ONLY

Animal Number:	Tag Number:	Registration expiry:
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D) NOTIFICATION OF NEW OWNER

Title: (Mr Mrs Ms)	First name:	Middle name:	Last name:	D.O.B.: (dd/mm/yyyy)
<input type="text"/>				
Residential address:			Suburb:	Postcode:
<input type="text"/>			<input type="text"/>	<input type="text"/>
Contact: (Work)	(Mobile)	(Home)		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

E) APPLICATION FOR APPROVED BREEDER

Application fee: \$100.00

Application to be an approved breeder (please tick) <input type="checkbox"/>	Number of breeding cats to be kept at this property: <input type="text"/>	Breed of cats to be bred: <input type="text"/>	Membership of prescribed organisation: <input type="text"/>
Description of facilities:			
<input type="text"/>			
<input type="text"/>			

F) PREVIOUS CONVICTIONS

Do you have any convictions for offences against this Act, Dog Act 1976 or Animal Welfare Act 2002 in the past 3 years?

If yes, please give details specifying the date of the conviction(s), nature of the offence and the legislation involved:

Yes No

G) DECLARATION

Full name of person / organisation / company name:

Address:

Suburb:

Postcode:

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:

Date: (dd/mm/yyyy)

PAYMENT METHODS



By mail: Cheques or money order to be made payable to CITY OF ROCKINGHAM and crossed 'Not Negotiable'. Post to PO BOX 2142, Rockingham DC WA 6967.



In person: City Administration, Cash, Cheque, Credit Card or EFTPOS available.

COPY ALL DETAILS FROM YOUR CARD IN SPACES BELOW

Card type:   Card expiry: /

Card number:

Card holders name:

Date: (dd/mm/yyyy) Amount:

Phone number: Signature:

Your signature is herein is authority for us to issue a sales voucher for the full amount shown in the space provided.

