

Application/Information Form to Register a Dog

Dog Act 1976 - Schedule 1 - Form 4

PLEASE NOTE – An Original Certificate of Sterilisation and Microchip Registration or certified copies thereof must be submitted with this application form.

PART A — Owner Details

Dog owner's full name:
(First Name) (Middle Name) (Surname)

Residential address:

Postal address: *(if different from above)*

Age: (dd/mm/yy) / / Email address: *(if available)*
(Owner must be 18 years or older)

Can the Shire of Waroona use this email address to issue renewal notices and other relevant information? Yes No

Contact telephone number/s: (H).....(W).....(M).....

Owner's delegate contact details

Contact Name:
(First Name) (Middle Name) (Surname)

Residential address:

Postal address: *(if different from above)*

Age: (dd/mm/yy) / / Email address: *(if available)*
(Must be 18 years or older)

Contact telephone number/s: (H).....(W).....(M).....

PART B — Dog Details

Address where dog is normally kept: *(if different from above)*

Number of dogs to be located at these premises:

Will the dog/s be effectively confined in or at the premises identified above? Yes No

Dog's name: Date of Birth:
(Month) (Year)

Breed: Cross Breed:

Primary Colour: Secondary Colour: Male Female

Microchip number: Is the dog sterilised? Yes No

Is the dog kept, or to be kept as a commercial security dog? Yes No

Has the dog been declared a dangerous dog? Yes No If yes, please provide details

Is the dog a pit bull terrier, an American pit bull terrier or a mix of one or both of those breeds? Yes No Unknown

Is the dog kept for the purposes of the Crown? Yes No *(If yes, note that the Dog Act 1976 does not apply, section 6(4).)*

PART C — Notification of New Owner *(if applicable)*

New owner's name:
(First Name) (Middle Name) (Surname)

Residential address:

Contact telephone number/s: (H).....(W).....(M).....

PART D — Registration

Application or renewal or a period of (✓):

1 year registration				3 year registration				Lifetime registration			
Sterilised		Unsterilised		Sterilised		Unsterilised		Sterilised		Unsterilised	
Full	Pensioner	Full	Pensioner	Full	Pensioner	Full	Pensioner	Full	Pensioner	Full	Pensioner
\$20.00	\$10.00	\$50.00	\$25.00	\$42.50	\$21.25	\$120.00	\$60.00	\$100.00	\$50.00	\$250.00	\$125.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

or, previous local government where dog was registered: registration #

Are you eligible for a pensioner concession Yes No (Eligible Concession Card – Pensioner Concession Card; State Concession Card; Commonwealth Seniors Health Card with a WA Seniors Card is required)

Dog for droving or tending stock Yes No – 25% of fee otherwise payable (A statutory declaration to support a bona fide working dog concession claim is required)

Assistance Dog Yes No (No fee is payable for an assistance dog trained by a prescribed organisation or otherwise approved under the Act)

PART E — Previous Convictions, relevant orders

Do you have any convictions for offences against the *Dog Act 1976*, *Cat Act 2011* or *Animal Welfare Act 2002* in past 3 years?

Yes No

If **Yes**, please give details, specify the date of the conviction(s), nature of the offence(s) and the legislation involved.

Are you currently banned, or have you ever been banned, from owning or keeping a dog under an order under the *Dog Act 1976* section 46A (2) either permanently or for a period specified in the order?

Yes No If **Yes**, please give details of the order

PART F — Declaration

The Shire of Waroona may refuse an application if any or all of the required information is not provided within the time period specified in the legislation.

I, of

certify for the purpose of Section 16(1BA)(c) of the Act that means exist on the premises at which the dog will be ordinarily kept for effectively confining the dog within these premises.

I 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: / /

Payment Options

PAYING BY POST



Shire of Waroona
PO Box 20
WAROONA WA 6215

Complete and return this form with your cheque or money order made payable to the Shire of Waroona

Please note cash will NOT be accepted by mail

PAYING IN PERSON



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

Shire of Waroona Administration Office
52 Hesse Street
WAROONA WA 6215

Office Hours: Mon – Fri 9.00am to 4.00pm

PAYING BY CREDIT CARD

(Tick One Box)



Card Number:

Card Holder Name: CCV:

Expiry Date: / Amount: \$

Card Holder's Signature: Date Signed: / /

Shire of Waroona Use Only

Registration approved (✓): Yes No

Assigned registration number:

Receipt Number:

Signed: