

# Application/Information Form to Register a Cat

Cat Act 2011 - Schedule 1 - Form 1

**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

Cat 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 — Cat Details

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

Number of cats to be located at these premises: .....

Cat's name: ..... Date of Birth: .....  
(Month) (Year)

Breed:..... Cross Breed: .....

Primary Colour:..... Secondary Colour:.....  Male  Female

Microchip number:  Is the cat sterilised?  Yes  No

If **No**: Is the exemption granted by a veterinarian?  Yes  No

Please give details of the exemption including details of issuing veterinarian and written confirmation

Is the custodian a member of a prescribed exempt organisation?  Yes  No

Please give details of the prescribed exempt organisation: .....

Approved breeder?  Yes  No

## 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 — Application for Approved Breeder

Application to be an approved breeder (✓)  Yes  No (go to PART E)  
(individual application required for each cat)

Breed of cats to be bred: .....

Number of breeding cats to be kept at the property: .....

Description of facilities: .....

Membership of following prescribed organisation:  Control Council of Western Australia (FCCWA)  Australian National Cats (ANCATS)  Cat Owners Association of Western Australia (COAWA)

## PART E — Registration

Application or renewal for a period of (✓):

1 year registration		3 year registration		Lifetime registration		+ Breeding cat fee (if applicable)
Full	Pensioner Concession	Full	Pensioner Concession	Full	Pensioner Concession	Per breeding cat (paid annually)
\$20.00	\$10.00	\$42.50	\$21.25	\$100.00	\$50.00	\$100.00
<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 cat was registered: ..... registration # .....

## PART F — Previous Convictions

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.

## PART G — 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.

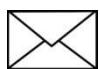
I, ..... of .....

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 Receipt Number: ..... Signed: .....

Registration Number: ..... Approved breeder (✓):  Yes  No Conditions of approval: .....