



Shire of Coolgardie

APPLICATION FOR A CERTIFICATE OF REGISTRATION

Cat Act 2011 s.8

Po Box 138, Kambalda WA 6442
Irish Mulga Drive KAMBALDA
Bayley Street COOLGARDIE
Ph: (08) 9080 2111
E: mail@coolgaride.wa.gov.au

I _____ Address where cat is normally kept
Of _____ (if different from left) _____

Ph: _____

Email: _____

Can we use this email address to issue renewal notices and or any other relevant information? Yes No

I, the owner of the cats particulars of which are listed in this application, declare that I am eighteen years of age or over, and the particulars shown in this application are a true to the best of my knowledge and belief.

FEES:

1 Year Sterilised	\$20.00
3 Years Sterilised	\$42.50
Lifetime Sterilised	\$100.00
PENSIONER	50% of the above

NAME OF CAT	BREED OR KIND OF CAT		COLOUR & DISTINGUISHING MARKS			REGISTRATION NUMBER	
STERILIZED	SEX	APPROX. AGE	OWNERS PENSION NO.	MICROCHIP NUMBER	AMOUNT OF REGISTRATION		
Y / N	M / F				1 YEAR	3 YEARS	LIFETIME

If the Cat is not sterilised please complete Part B over page

Previous Registration Number: _____

Alternative Contact Details:

Residential Address: _____

Postal Address: _____

(If different from the above)

Please Note:

- Any change in the above particulars must be notified to Council immediately, eg. Sale or death of cat, change of address etc.
- Cats six (6) months and over MUST be registered.
- Proof of sterilisation must be shown to claim concession rate.

SIGNATURE: _____

DATED THIS _____ DAY OF _____ IN THE YEAR OF _____

OFFICE USE ONLY

This registration is valid until _____

Unless cancelled pursuant to section 10 of the act

Date of Issue _____

Signature of Registration officer _____

THIS IS A RENEWAL NOTICE
PLEASE SEND YOUR REMITTANCE
OR PAY IN PERSON. THIS FORM
MUST BE COMPLETED ENTIRELY TO
ENSURE COMPLIANCE FOR CAT
REGISTRATION PURPOSES

Part B - IF the cat is not sterilised:

Is the exemption granted by a veterinarian? **YES / NO** (delete one)

Please give details of the exemption including details of issuing veterinarian: _____

Is the custodian a member of a prescribed exempt organisation? **YES / NO** (delete one)

Please give details of the prescribed exempt organisation: _____

Approved Breeder? **YES / NO** (delete one)

Any distinguishing features or marks: _____

Part C - Notification of New Owner

New Cat Owners Name: _____

New Owners Address: _____

New Owners Contact Numbers: Home: _____

Work: _____

Mobile: _____

Email: _____

Part E - Application for Approved Breeder

Application to be an approved breeder: Please tick

Breed of cats to be bred: _____

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

Description of facilities: _____

Membership of prescribed organisation: _____

Part F - Previous Convictions

Do you have any convictions for offences against this act, Dog Act 1976 or the Animal Welfare Act 2002 in the past three (3) years? **YES / NO** (delete one)

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

Part G - Declaration

I _____
(persons full name or organisation / company name)

of _____
(address)

declare that the information I have provided is true and correct. I am aware that it is an offence to provide false or misleading information.

Signature: _____ Date: _____