

SHIRE OF TRAYNING

Railway Street, Trayning, Western Australia Postal Address: PO Box 95 Trayning, Western Australia, 6488 Ph: 08 96831001, Fax: 08 96831040, Email: admin@trayning.wa.gov.au

[r. 11, 14, 21 and 25]

APPLICATION FOR A CERTIFICATE OF REGISTRATION Western Australian Cat Act 2011

OWNER DETAILS

Full name:	
Residential address:	
Postal address (<i>if different from above</i>):	
Date of Birth: (<i>dd/mm/yy</i>)//	(Owner must be 18 years or older)
Contact telephone numbers: (Home)	(Work)
(Mobile) Email addre	ess
Alternative Contact Details	
Name of alternative:	
Residential address:	
Postal address (<i>if different from above</i>):	
Date of Birth: (<i>dd/mm/yy</i>)//	(Must be 18 years or older)
Contact telephone numbers:	(Home / Work / Mobile)

PREVIOUS CONVICTIONS

Do you have any convictions t	or offences against this Act, Dog Act 1976, Cat Act 2011 or Animal Welfare
Act 2002 in past 3 years?	Yes/No
If yes, please give details, spe	cifying the date of the conviction(s), nature of the offence and the
legislation involved	

CAT DETAILS

Address where cat is normally kept (if different	from above):		
Number of cats to be located at these premises	3:		
Cat's name:	Age:	years	months
Breed: (<i>if known</i>)	Colour:		
Gender: Mi	crochip number:		
Any distinguishing features or marks?			
Is the cat sterilised Yes/No If No: Is the ex	emption granted by a v	veterinarian?	Yes/No
Please attach details of the exemption including	g details of issuing vete	erinarian.	
Is the custodian a member of a prescribed exempt organisation? Yes/No			
Please give details of the prescribed exempt or	roanisation		

continues overleaf...→

REGISTRATION			
Application or renewal for:			
A period of 1 year		Prescribed fee \$20.00	
A period of 3 years		Prescribed fee \$42.50	
Lifetime		Prescribed fee \$100.00	
Registration number			
Concession rate 50% of above fees with valid Pension Card.			
Are you eligible for a pensioner concession? Yes/No Previous local government where cat was registered:		Yes/No	
Previous Registration number:			

Payments can be made by cash, cheque, EFTPOS.

DECLARATION

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

l,	_ of
(name)	(address)

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: _____

Further details required by local government

OFFICE USE ONLY		
Assigned Tag Number:	Registered Until:	
Fee:	Receipt Number:	
Concession Details:	Documentation Attached? Y / N	
Receiving Officer:	Signature:	
Name / Address Code:	Property Assessment # :	