



Shire of Lake Grace

Ph: 08 9890 2500 Fax: 08 9890 2599
1 Bishop Street, Lake Grace, PO Box 50, Lake Grace WA 6353
forms@lakegrace.wa.gov.au

File No.0396

Record No.

Cat Act 2011

Cat Registration Application Form

| | | |
|--|-----------------------------------|------------|
| Part A—Owners details | | |
| Cat owner's full name: | | |
| Residential Address: | | |
| Postal Address: (If different from above) | | |
| Age: (dd/mm/yy) | (owner must be 18 years or older) | |
| Phone: (H) | Phone: (W) | Phone: (M) |
| Email address: | | |
| Can your local government use this email address to issue renewal notices and other relevant information? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Alternative contact details (optional) | | |
| Name of alternative: | | |
| Residential address: | | |
| Postal Address: (If different from above) | | |
| Age: (dd/mm/yy) | (owner must be 18 years or older) | |
| Phone: (H) | Phone: (W) | Phone: (M) |
| Part B—Cat Details | | |
| Address where cat is normally kept: | | |
| Number of cats to be located at these premises: | | |

| Cat details | | | |
|---|---------------------------------|----------------------------------|--|
| Cat's Name: | | | Age: (dd/mm/yy) |
| Breed : (if known) | | | Colour: |
| Gender: | <input type="checkbox"/> Female | <input type="checkbox"/> Male | Microchip Number: |
| Is the sterilised? <i>(Proof of sterilisation is required)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If No : Is the exemption granted by a veterinarian? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Please give details of the exemption including details of issuing veterinarian: | | | |
| | | | |
| Is the custodian a member of a prescribed exempt organisation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Please give details of the prescribed exempt organisation: | | | |
| | | | |
| Approved breeder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Any distinguishing features or marks? | | | |
| Part C—Notification of new owner | | | |
| New cat owner's name: | | | |
| New owner's address: | | | |
| | | | |
| New owner's contact numbers: | (H): | (W): | (M): |
| Part D—Registration | | | |
| Application or renewal for: | <input type="checkbox"/> 1 year | <input type="checkbox"/> 3 years | <input type="checkbox"/> Lifetime registration |
| Prescribed fee for: | <input type="checkbox"/> 1 year | <input type="checkbox"/> 3 years | <input type="checkbox"/> Lifetime fee |
| Previous local government where cat was registered (if known): | | | |
| | | | |
| Registration number: | | | |

Part E—Application for approved breeder

Application to be an approved breeder: Yes No

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 *Animal Welfare Act 2002* in the past 3 years? Yes No

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

Part F—Declaration

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

I, *(person's full name or organisation/company name)*

Of *(address)*

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:

A signature is not required to effect the form when the form is lodged through a local government website.

Payment Options:

New applications:

All new applications are required to be paid in person. Please ensure you provide proof of sterilisation and microchip upon application.

Renewals ONLY:

IN PERSON

Cash, cheque, EFTPOS or money order
1 Bishop Street, LAKE GRACE WA 6353

BY MAIL (No cash accepted by mail)

Cheque or money order made out to: Shire of Lake Grace
PO Box 50, LAKE GRACE WA 6353

BY PHONE

Credit card
08 9890 2500

Cat Registration Fee

| 1 YEAR REGISTRATION | | |
|-----------------------|----------|------------|
| | Full | Concession |
| Sterilised | \$20.00 | \$10.00 |
| Unsterilised | \$50.00 | \$25.00 |
| 3 YEAR REGISTRATION | | |
| | Full | Concession |
| Sterilised | \$42.50 | \$21.25 |
| Unsterilised | \$120.00 | \$60.00 |
| LIFETIME REGISTRATION | | |
| | Full | Concession |
| Sterilised | \$100.00 | \$50.00 |
| Unsterilised | \$250.00 | \$125.00 |
| BREEDERS FEE | | |
| Cat | \$100.00 | |

Further details required by local government:

OFFICE USE ONLY

Registration Approved: Yes No

Assigned registration number: Date Issued:

Approved Breeder: Yes No N/A

Conditions of approval:

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Authorising Officer: Signature: