



Cat Act 2011

# Cat Registration Application Form

PART A – OWNER'S DETAILS			
Full Name			
Residential Address			
Postal Address	(If different from above)		
DOB (dd/mm/yy)	(Owner must be 18yrs or older)		
Phone (Home)		Phone (Mobile)	
Email Address			
Do you give permission to the Shire of Lake Grace to use the above email to issue renewal notices and other relevant information?	<input type="radio"/> Yes		<input type="radio"/> No

Alternative Contact Details (optional)			
Full Name			
Residential Address			
Postal Address	(If different from above)		
DOB (dd/mm/yy)	(Delegate must be 18yrs or older)		
Phone (Home)		Phone (Mobile)	
Email Address			

How to return this form:

- Attach completed PDF to an email and send to [shire@lakegrace.wa.gov.au](mailto:shire@lakegrace.wa.gov.au)
- Post to PO Box 50, Lake Grace WA 6353
- Hand in to the Shire Front Reception at 1 Bishop St, Lake Grace





PART B – CAT DETAILS			
Name			
Breed (if known)		DOB (dd/mm/yy)	
Colour		Gender	<input type="radio"/> Male <input type="radio"/> Female
Distinguishing marks or features		Number of cats confined at the premises below	
Address cat is kept			
Is your cat sterilised?	<input type="radio"/> Yes <input type="radio"/> No	If <b>No</b> : Is the exemption granted by a veterinarian?	<input type="radio"/> Yes <input type="radio"/> No
Please give details of the exemption including details of issuing veterinarian:			
Is the custodian a member of a prescribed exempt organisation?			<input type="radio"/> Yes <input type="radio"/> No
Please give details of the prescribed exempt organisation:			
Microchip Number		Microchip Database Company	
Are you an approved breeder?	<input type="radio"/> Yes <input type="radio"/> No	Application to be an approved breeder	<input type="radio"/> Yes <input type="radio"/> No
If <b>YES</b> , please complete the Approved Breeder Application Form.			

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<b>PART C – PREVIOUS CONVICTIONS</b>			
Do you have any convictions for offences against this Act, Dog Act 1976 or Animal Welfare Act 2002 in the past 3 years?			<input type="radio"/> Yes <input type="radio"/> No
If yes, please give details, specifying in the date of the conviction(s), nature of the offence and legislation involved			
<b>PART D - REGISTRATION</b>			
Application period	<input type="radio"/> 1 year	<input type="radio"/> 3 years	<input type="radio"/> Lifetime
Are you eligible for concession?	<input type="radio"/> Yes <input type="radio"/> No	Concession Card Expiry	
Is your cat currently registered elsewhere?	<input type="radio"/> Yes <input type="radio"/> No	Previous Registration #	
Previous local government where cat was registered		Previous registration expiry	31/10/20____ <input type="radio"/> Lifetime
<b>PART E – DECLARATION</b>			
<i>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>			
I,	(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 and misleading information.			
Applicants Signature		Date	

**All new applications are required to be paid in person.**

**Please ensure you provide proof of sterilisation and microchip upon application.**

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# Shire of Lake Grace

Ph: 08 9890 2500

Fax: 08 9890 2599

PO Box 50, Lake Grace WA 6353

[shire@lakegrace.wa.gov.au](mailto:shire@lakegrace.wa.gov.au)

## Cat Registration Application Form

File 0396

OFFICE USE ONLY						
Registration Approved	<input type="radio"/> Yes	<input type="radio"/> No	Approved Breeder	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
Assigned Registration #			Date Issued			
Conditions of Approval						
Authorising Officer			Record #			

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