

CAT REGISTRATION FORM

Application for a Certificate of Registration WA CAT ACT 2011

A OWNER DETAILS (Must be over 18 years of age)

Full Name: _____ Date of Birth: _____

Postal Address: _____

Residential Address: _____

Home Number: _____ Work No: _____ Mobile No: _____

Email Address: _____ Is Pensioner: YES NO

B CAT DETAILS

Name: _____ Age: _____ Sex: Male Female

Breed: _____ Colour/Markings: _____

Microchip Number: _____ U Database Company: _____

Sterilised: (Proof required) YES NO No. of Cats to be located at these premises: _____

Sterilisation or microchip exemption granted: (If Yes, certificate required from veterinarian) YES NO

Is the Cat owned by an approved Breeder? YES NO

Is the Cat in custody of a prescribed organisation and/or member? YES NO

If Yes, who? _____

Address where cat is normally kept: (If different from postal or residential address above): _____

C ORDERS

Do you have any convictions for offences against the Cat Act 2011 or the Dog Act 1976 or the 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 offences and the legislation involved: _____

D PLEASE READ AND SIGN THIS DECLARATION

- (A) I am/the owner is not under 18 years of age;
- (B) The Local Government may refuse an application if any or all of the required information is not provided within the time period in the legislation;
- (C) Means exist on the premises shown above for effectively confining the cat within the premises;
- (D) The particulars shown in this application are true and correct. I am aware that it is an offence to provide false and misleading information; and
- (E) Should payment be made by credit card, it is agreed that once payment has been processed, the credit card details on this form will be concealed by the City for security purposes.

OWNER: _____ AGENT: _____ NAME: _____ Signature: _____ Date: _____

This registration is valid until 31/10/20____; and subject to all legislative provisions which may apply to this registration (Including but not limited to the relevant provisions under the Cat Act 2011 and the City of Busselton Local Law relating to the Keeping and Control of Cats.

OFFICE USE ONLY				
OLD REG NO	NEW REG NO	ANIMAL ID	CAT NAME	OWNER NAME
PLEASE SEE THE REVERSE OF THIS FORM FOR FURTHER INFORMATION			TOTAL PAYABLE	1 YEAR: \$ _____ 3 YEAR: \$ _____ LIFETIME: \$ _____

E REGISTRATION FEES					
1 Year Renewal		3 Year Renewal		Lifetime	
Full	Pension Concession	Full	Pension Concession	Full	Pension Concession
\$20.00	\$10.00	\$42.50	\$21.25	\$100.00	\$50.00

F CONDITIONS

1. Cat owners are reminded that cats six months and over must be registered. The City also requests that cat owners inform the City immediately of any change in ownership, the death of a cat or change in address.
2. Failure to register a cat may result in a \$5,000.00 penalty under the Cat Act 2011.
3. Cats are not allowed to wander within a public place or wander on private property without consent.
4. Cats must be sterilised (unless exempt or an approved breeder), microchipped (unless exempt) and wear their registration tag at all times.
5. Cat owners (unless exempt or an approved breeder) must supply a veterinarian's sterilisation certificate or sign a statutory declaration to that effect.
6. To be exempt from sterilising or microchipping your cat, you must supply a certificate from your veterinarian stating that sterilising or microchipping your cat would adversely affect its health.
7. The maximum number of cats to be kept on any premises is two (2) over the age of six (6) months (dispensation can be given to keep more than two (2) cats in some cases, but subject to a written request to the City and certain conditions being met).

If you are a current member of one of the following organisations and associations, please provide your member details.

- Cat Owners Association of Western Australia (COAWA)
- Feline Control Council of Western Australia (FCCWA)
- Australian National Cats (ANCATS)

G CREDIT CARD PAYMENT AUTHORITY

Please complete this authority and return it to: **City of Busselton, Locked Bag 1, BUSSELTON WA 6280**

Tick One Box:



Card Holder's Name:

Card Number:

Card Holders's Signature:

Amount (\$):

Expiry Date:

Date Signed:

H PAYMENT OPTIONS

PAYING BY CREDIT CARD



Complete the Credit Card Payment Authority above and return this form to the:

CITY OF BUSSELTON, Locked Bag 1, BUSSELTON, WA 6280 OR Email to: city@busselton.wa.gov.au

PAYING BY POST



CITY OF BUSSELTON

Locked Bag 1

BUSSELTON WA 6280

Complete and return this form with your cheque or money order made payable to the **City of Busselton**.

Please note cash will NOT be accepted by mail.

PAYING IN PERSON



Office Hours:

Mon - Fri 8:30 am to 4:30 pm

Tel : (08) 9781 0444

Cash, Cheque, EFTPOS Money Order or Credit Card payments can be taken in person at the:

City Administration Offices, Southern Drive, BUSSELTON, WA, 6280

Please present this form when making a payment