

APPLICATION FOR A CERTIFICATE OF CAT REGISTRATION
WESTERN AUSTRALIAN CAT ACT (2.5)

DETAILS OF OWNER

Title: Mr, Ms, Mrs, Miss (please circle)

First name:

Family name:

Postal Address:

Contact Number:

Home:

Mobile:

Date of Birth:

Age:

CAT PARTICULARS

Name of Cat:

Primary Breed:

Premises Kept:

Sterilised:

Yes (proof required) No

Cats Age:

Years _____ Months _____

Sex

Female Male

Primary Colour and Markings:

Microchip Number:

Please Read and Sign The Declaration

Owner/Agent Declaration

I declare that:

- I am 18 years of age or over;
- I certify, for the purpose of the above stated Act, that the cat will be effectively confined within the grounds and dwelling where the cat resides,
- The particulars shown in this application are true to the best of my knowledge and belief.

Signed: _____ Date: ____/____/20____

Registration Period	1 YEAR STANDARD	PART YEAR	PENSION FULL YEAR	PENSION PART YEAR	3 YEAR STANDARD	3 YEAR PENSION	LIFETIME FULL	LIFETIME PENSION
	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$5.00	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$21.25	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$50.00

Please Note: Cat registrations expire on 31st October each year, Section 2.5

OFFICE USE ONLY

Current Registration Number: _____ This Dog Registration is valid until ____/____/20____ unless cancelled pursuant to Section 16 of The Dog Act.

DATE OF ISSUE: ____/____/20____ REGISTRATION OFFICER: _____ RECEIPT NUMBER: _____ ASSESSMENT NUMBER: A _____