

APPLICATION FOR A CERTIFICATE OF DOG REGISTRATION
WESTERN AUSTRALIAN DOG ACT (SS.15 AND 16)

DETAILS OF OWNER

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

First name:

Family name:

Postal Address:

Contact Number:

Home:

Mobile:

Date of Birth:

Age:

DOG PARTICULARS

Name of Dog:

Primary Breed:

Premises Kept:

Sterilised:

Yes (proof required) No

Dogs Age:

Years _____ Months _____

Sex

Female Male

Primary Colour and Markings:

Microchip Number:

Please Read and Sign The Declaration

Owner/Agent Declaration

I declare that:

- a) The dog owner is aged 18 years or over,
- b) The particulars shown in this application are true to the best of my knowledge and belief,
- c) I certify for the purpose of section 16(1a) of the Act that means exist on the premises at which the dog ordinarily be kept for effectively confining the dog within those premises.

Signed: _____ Date: ____/____/20____

Registration Period (tick required fee)	1 Year Unsterilised	1 Year Sterilised	3 Year Unsterilised	3 Year Sterilised	Lifetime Unsterilised	Lifetime Sterilised
<input type="checkbox"/> \$50.00	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$100.00	
<input type="checkbox"/> \$25.00 (Pensioner)	<input type="checkbox"/> \$10.00 (Pensioner)	<input type="checkbox"/> \$60.00 (Pensioner)	<input type="checkbox"/> \$21.25 (Pensioner)	<input type="checkbox"/> \$125.00 (Pensioner)	<input type="checkbox"/> \$50.00 (Pensioner)	
<input type="checkbox"/> \$12.50 (Working)	<input type="checkbox"/> \$5.00 (Working)	<input type="checkbox"/> \$30.00 (Working)	<input type="checkbox"/> \$10.65 (Working)	<input type="checkbox"/> \$62.50 (Working)	<input type="checkbox"/> \$25.00 (Working)	

Dog registrations expire on 31st October each year, Section 15(4), No registration fee shall be payable in relation to a guide dog, or any dog that is kept for the purposes of the Crown

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 _____

Street Address: 52 Austral Terrace, Katanning WA 6317

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 www.facebook.com/ShireOfKatanning