



APPLICATION FOR A CERTIFICATE OF DOG REGISTRATION
WESTERN AUSTRALIAN DOG ACT 1976 [r. 20, 22 and 23]

DETAILS OF OWNER

Full Name: _____ Date of Birth (Must be 18 or older): _____

Residential Address: _____

Postal Address (If different from above): _____

Contact Details:

Home: _____ Email: _____

Work: _____ Mobile: _____

PREVIOUS CONVICTIONS

Do you have any convictions for offences against this Act, Dog Act 1976, Cat Act 2011 or Animal Welfare Act 2002 in 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 _____

Are you currently banned, or have you ever been banned, from owning or keeping a dog under an order under the Dog Act 1976 section 46A(2) either permanently or for a period specified in the order? **Yes / No**
If yes, please give details of the order _____

SECONDARY CONTACT

Full Name: _____ Date of Birth (Must be 18 or older): _____

Residential Address: _____

Contact Number: _____

DOG PARTICULARS

Name of Dog: _____ Primary Breed: _____

Primary Colour: _____

Distinguishing Features or Markings: _____

Sterilised: Yes (proof required) No Sex: Female Male

Premises Kept: _____

Number of dogs kept at premises: _____

(Limit of 2 per property within townsite)

Street Address: 52 Austral Terrace, Katanning WA 6317
Postal Address: PO Box 130, Katanning WA 6317
Phone: 9821 9999 Email: admin@katanning.wa.gov.au
Website: www.katanning.wa.gov.au
www.facebook.com/ShireOfKatanning



Dog Age: Years _____ Months _____

Microchip Number (proof required): _____

Will the dog/s be effectively confined in or at the premises identified above? **Yes / No**

Is the dog kept, or to be kept, as a commercial security dog? **Yes / No**

Has the dog been declared a dangerous dog? **Yes / No**

If yes, please provide details _____

Is the dog a pit bull terrier, an American pit bull terrier or a mix of one of those breeds? **Yes / No / Unknown**

Is the dog kept for the purpose of the crown? **Yes / No**

(If yes, note that the Dog Act 1976 does not apply: section 6(4).)

Is the dog for droving or tendering stock: **Yes / No**

Are you eligible for a pensioner concession (proof required): **Yes / No**

Previous local government where dog was registered (if applicable): _____

Previous registration number (if applicable): _____

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"/> \$25.00 (Pensioner) <input type="checkbox"/> \$12.50 (Working)	<input type="checkbox"/> \$20.00 <input type="checkbox"/> \$10.00 (Pensioner) <input type="checkbox"/> \$5.00 (Working)	<input type="checkbox"/> \$120.00 <input type="checkbox"/> \$60.00 (Pensioner) <input type="checkbox"/> \$30.00 (Working)	<input type="checkbox"/> \$42.50 <input type="checkbox"/> \$21.25 (Pensioner) <input type="checkbox"/> \$10.65 (Working)	<input type="checkbox"/> \$250.00 <input type="checkbox"/> \$125.00 (Pensioner) <input type="checkbox"/> \$62.50 (Working)	<input type="checkbox"/> \$100.00 <input type="checkbox"/> \$50.00 (Pensioner) <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

PLEASE READ AND SIGN THE DECLARATION

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

I, _____ of _____
(name) (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.

Signed: _____ Date: ____/____/20____

Further details required by local government _____

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 _____ Documentation attached? Y / N