

OWNER DETAILS

Renewal New Registration Transfer (see over)

Full name: Date of birth:
 (Owner must be 18 years or over)

Email:

Would you like future renewal notices electronically? Yes No

Residential address: Postcode:

Postal address: Postcode:

Contact numbers: (H) (W) (M)

Alternative contact: Date of birth:
 (Must be 18 years or over)

Contact numbers: (H) (W) (M)

Residential address: Postcode:

CAT DETAILS

Cat's name: Age: Gender:

Colour: Breed:

Number of cats at address: Microchip number:

Address where cat is normally kept:

Is the cat sterilised? Yes No (If 'No', please provide details below).

If your cat is not microchipped, sterilised or exempt under the Cat Act 2011, your application can not be granted. Please provide copies of sterilisation certificates, or statutory declarations.

LOCAL GOVERNMENT USE ONLY

Registration approved: (tick)

Animal Reference Number:

Registration valid to 31 October ____ (year)

Tag number:

DO NOT DETACH

Certificate of Registration

Applicant to fill in

This is to certify that -

Name: _____

Name of cat: _____

Address: _____

Description of cat: _____

Office use only

Registration number of cat: _____ This registration expires on 31/10/____

REGISTRATION

A discount of 50 percent off the full fee will be applied **upon production** of either;

- A current Pensioners Concession Card; OR
- A Veteran Affairs Card.

Pensioner number:

Fees	1 Year Renewal		3 Year Renewal		Lifetime Renewal	
	Full	Pension Concession	Full	Pension Concession	Full	Pension Concession
Sterilised cat	\$20	\$10	\$42.50	\$21.25	\$100	\$50

Sterilised fees will apply upon production of either:

- *Veterinary Surgeon's certificate;*
- *Signed Statutory Declaration (obtainable at this office);*
- *Registration officer sighting ear tattoo.*

Transfer Previous Local Government Previous tag number

PREVIOUS CONVICTIONS

Do you have any convictions for offences against the Cat Act 2011, Dog Act 1976 or Animal Welfare Act 2002 in the past three years? Yes No If yes, please give details specifying the date of conviction(s), nature of the offence and the legislation involved.

DECLARATION

I declare that: (a) The owner is not under 18 years of age;
(b) The information provided in this application is true and correct;
(c) I am aware it is an offence to provide false or misleading information;
(d) I am aware that Shire of Mundaring may refuse an application if or all of the required information is not provided within the time period specified in the legislation.

Owner signature: Date:

PAYMENT OPTIONS

Credit Card Type: Master Card Visa Card Number:

Card expiry date: Card holder's name:

Signature: Date: Amount:

DO NOT DETACH

Payment methods

1. Shire of Mundaring

Payment can be made in person at the Shire Administration Centre by cash, cheque, credit card or Eftpos during cashier hours from Monday - Friday (9am - 4.15pm).

2. By mail

Send in the completed registration form with a cheque, money order or completed credit card details on the registration form.

Documents attached

3. By email (credit card only)

Complete registration form including credit card details, scan and email to shire@mundaring.wa.gov.au

Documents attached