

**APPLICATION FOR A CERTIFICATE OF CAT REGISTRATION**  
**WESTERN AUSTRALIAN CAT ACT 2011 (s.8) [r. 11, 14,21 and 25]**

**DETAILS OF OWNER**

Full Name: \_\_\_\_\_ Date of Birth (Must be 18 or older): \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Postal Address (If different from above): \_\_\_\_\_  
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 \_\_\_\_\_  
\_\_\_\_\_

**SECONDARY CONTACT**

Full Name: \_\_\_\_\_ Date of Birth (Must be 18 or older): \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Postal Address (If different from above): \_\_\_\_\_  
Contact Number: \_\_\_\_\_

**CAT PARTICULARS**

Name of Cat: \_\_\_\_\_ Primary Breed: \_\_\_\_\_  
Primary Colour: \_\_\_\_\_  
Distinguishing Features or Markings: \_\_\_\_\_  
Sterilised: Yes (proof required)  No  Sex: Female  Male   
Premises Kept: \_\_\_\_\_  
Cat Age: \_\_\_\_\_ Number of cats kept at premises: \_\_\_\_\_  
Years \_\_\_\_\_ Months \_\_\_\_\_



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

Microchip Number (proof required): \_\_\_\_\_

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

Previous local government where Cat was registered (if applicable): \_\_\_\_\_

Previous registration number (if applicable): \_\_\_\_\_

Registration Period	1 YEAR FULL	PART YEAR *	PENSION FULL YEAR	PENSION PART YEAR*	3 YEAR FULL	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 31<sup>st</sup> October each year, Section 2.5  
\*Part year is available from 01 June

**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 Cat Registration is valid until \_\_\_\_/\_\_\_\_/20\_\_\_\_ unless cancelled pursuant to Section 9 of The Cat Act. DATE OF ISSUE: \_\_\_\_/\_\_\_\_/20\_\_\_\_ REGISTRATION OFFICER: \_\_\_\_\_  
RECEIPT NUMBER: \_\_\_\_\_ ASSESSMENT NUMBER: A \_\_\_\_\_ Documentation attached? **Y / N**