

# Application for a Cat Certificate of Registration

*Cat Act 2011 Section 8 (r11,14,21,25)*

Tax Invoice | ABN 61 054 006 131 | Enquiries: (08) 9272 0972 | mail@bayswater.wa.gov.au | www.bayswater.wa.gov.au

Office Hours: 8.30am to 4.30pm Monday – Friday | 61 Broun Avenue, Morley WA 6062 | PO Box 467, Morley WA 6943

## PART A: Owner Details (must be over 18 years of age)

Cat Owner's Full Name:		Age (DD/MM/YYYY): Owner must be 18 years or older
Residential Address:	Suburb:	Postcode:
Postal Address: (if different from above):	Suburb:	Postcode:
Telephone: (H)	(W)	(M)
Email Address:	Can the City of Bayswater use this email address to issue renewal notices and other relevant information? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pensioner Concession Card Details (copy to be provided*):	Concession Claimed: e.g. Pensioner Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Alternate Contact (Optional)

Full Name of Alternative Contact:		Age (DD/MM/YYYY): Owner must be 18 years or older
Residential Address:	Suburb:	Postcode:
Postal Address: (if different from above):	Suburb:	Postcode:
Telephone: (H)	(W)	(M)
Email Address:	Can the City of Bayswater use this email address to issue renewal notices and other relevant information? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## PART B: Cats Details

Address where cat is normally kept (if different from above):		Suburb:	Postcode:
Postal Address: (if different from above):		Suburb:	Postcode:
Telephone: (H)	(W)	(M)	Number of cats to be located at these premises:
Cat's Name:	Breed (if known):	Age:	
Is your Cat Sterilised? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a copy of the sterilisation certificate (for new registrations only) If No, is the exemption granted by a veterinarian? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details of exemption including details of issuing veterinarian.	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Colour:	
		Any distinguishing features or marks:	
		Does the Cat have a Microchip? Yes <input type="checkbox"/> No <input type="checkbox"/> Microchip Number:	
Is Cat owned by an Approved Breeder? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Breeders Details:	Is the Custodian a member of a prescribed exempt organisation? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give details of the prescribed exempt organisation:		

## PART C: Notification of New Owner

New Cat Owner's Name:		
New Cat Owner's Address:		Suburb:
		Postcode:
Telephone: (H)	(W)	(M)

\* Pensioner concession note: Current Pensioner Concession Cards are to be presented or please attach a copy of your Pensioner Concession Card, State Concession Card or Commonwealth Seniors Card together with a State Seniors Card.

**PART D: Registration**

Cat Registration Period (Tick required fee)	1 Year Full fee	1 Year Pensioner Concession	3 Years Full fee	3 Years Pensioner Concession	Lifetime Full fee	Lifetime Pensioner Concession
	<input type="checkbox"/> \$20.00	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$42.50	<input type="checkbox"/> \$21.25	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$50.00
Previous local government where cat was registered (if known)				Registration number (if known)		
<b>OFFICE USE ONLY</b>	Current Registration Number:		Expired Registration Number:		Animal Number:	

**PART E: Application for Approved Breeder**

Application to be an approved breeder: Yes <input type="checkbox"/> No <input type="checkbox"/>	Breed of cats to be bred:	Number of breeding cats to be kept at the property?
Description of facilities:		
Membership of prescribed organisation (please provide details of organisation)		

**PART F: Previous Convictions**

Do you have any convictions for offences against this Act, the Dog Act 1976 or Animal Welfare Act 2002 in the past three (3) years? Yes  No

If yes, please give details, specifying the date of the conviction(s), nature of the offence and the legislation involved.

**PART G: Declaration**

I, being the owner of which the details are specified in 'Part A – Owner Details' of this application 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.

**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.**



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART H: Local Government Use Only**



Registration Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved Breeder: Yes <input type="checkbox"/> No <input type="checkbox"/>
Officer: _____ Date: _____	Officer: _____ Date: _____
Conditions of approval:	

**Payment Options**

Complete the declaration and **post** or **scan and email** to mail@bayswater.wa.gov.au together with your payment method.

 Pay in Person	 Pay by Mail
<b>City of Bayswater Civic Centre</b> 61 Broun Avenue, Morley Monday to Friday 8.30am – 4.30pm Cash, cheque and card payments accepted.	<b>City of Bayswater Libraries</b> Bayswater Library – 25 King William Street, Bayswater Maylands Library – The RISE, 28 Eighth Avenue, Maylands Morley Library – 240 Walter Road West, Morley Monday to Friday 9am - 4.30pm, Saturday 9am - 11am Card payments only.
	<b>City of Baywater</b> PO Box 467 MORLEY WA 6943 Cheque, money order or credit card payments accepted.

**Credit card details**

Name of Cardholder:	Card type:  <input type="checkbox"/>  <input type="checkbox"/> Payment cannot be made by American Express.
Card number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Card expiry: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date (dd/mm/yyyy):	Amount:
Phone number:	Signature:

Your signature is herein authority for us to issue a sales voucher for the full amount shown.  
 A surcharge of 0.4% will apply to all credit card payments made by Mastercard or Visa.