

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)
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.