

# 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)

**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 <input type="checkbox"/> No <input type="checkbox"/>
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
By cash, cheque, debit card, MasterCard or Visa at: <ul style="list-style-type: none"> <li>• <b>City of Bayswater Civic Centre</b> 61 Broun Avenue, Morley Mon to Fri 8.30am – 4.30pm</li> <li>• <b>City of Bayswater Libraries</b> (Mon – Fri 9am – 4.30pm, Sat 9am – 11am) Bayswater Library – 25 King William Street, Bayswater Maylands Library – The RISE, 28 Eighth Avenue, Maylands Morley Library – 240 Walter Road West, Morley</li> </ul>	By cheque, money order or credit card. <ul style="list-style-type: none"> <li>• <b>City of Bayswater</b> PO Box 467 MORLEY WA 6943</li> </ul>

**Pay by Credit Card**

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.

## Change of Cat Registration Details

Please complete any applicable sections below.

### Change of Ownership

New Cat Owner's Name:

New Cat Owner's Address:

Suburb:

Postcode:

Contact Number:

Email

### Change of Address

New Address:

Suburb:

Postcode:

Contact Number:

### Sterilisation

My Cat is now sterilised: Yes  No

Please attach a copy of the sterilisation certificate.

### Microchip

**Cats are required to be microchipped.** Please attach a copy of the Microchip Certificate for sighting by an Authorised Officer.

### Cat Deceased

Date (Approximate):

Signed by owner:

Date:

### Pensioner Concession

I wish to claim a Pensioner Concession Yes  No

Current Pensioner Concession Cards are to be presented. Please attach a copy of your Pensioner Concession Card, Veteran Affairs Card, State Concession Card or Commonwealth Seniors Card together with a Seniors Card.

## PAYMENT OPTIONS

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### Pay in Person

By cash, cheque, debit card, MasterCard or Visa at:

• **City of Bayswater Civic Centre**  
61 Broun Avenue, Morley  
Mon to Fri 8.30am – 4.30pm

• **City of Bayswater Libraries**  
(Mon - Fri 9am - 4.30pm, Sat 9am - 11am)  
Bayswater Library - 25 King William Street, Bayswater  
Maylands Library - The RISE, 28 Eighth Avenue, Maylands  
Morley Library - 240 Walter Road West, Morley



### Pay by Mail

By cheque, money order or credit card.

• **City of Bayswater**  
PO Box 467  
MORLEY WA 6943

### Pay by Credit Card

Name of Cardholder:

Card type:



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"/>
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Card expiry:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.